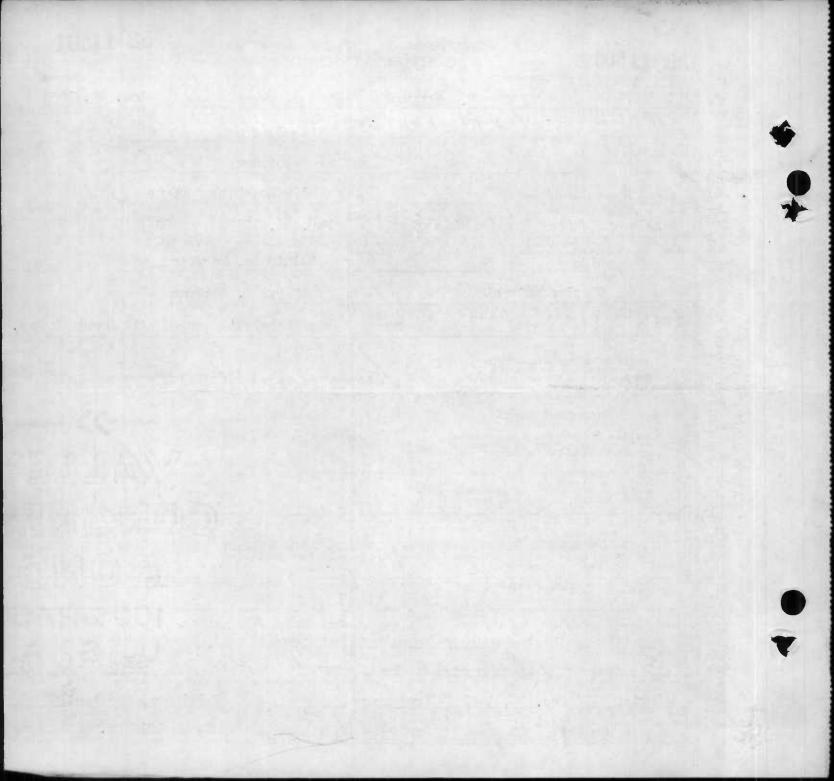
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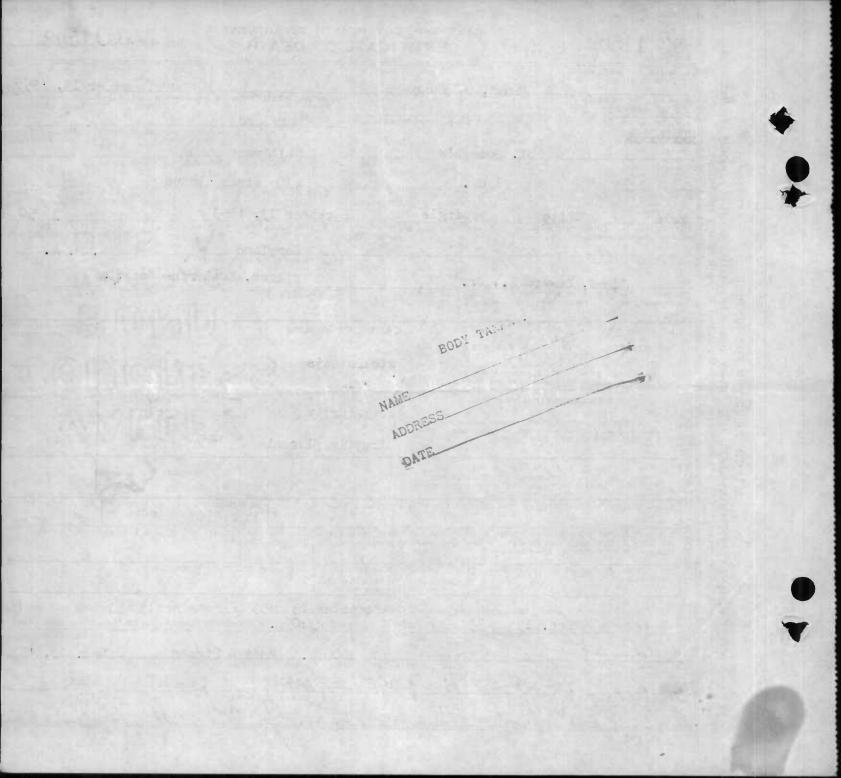
BALTIMORE CITY HEALTH DEPARTMENT

53 11501

	53 11501	TH Registered No						
	1. NAME OF DECEASED (Type or Print)	NNIE M. TILLMAN		2. DATE OF DEATH Dec. 25, 1953				
	3. PLACE OF DEATH:  A. Baltimore City, Maryland *  B. FULL NAME OF (If not in hosp	1. 3 1 1	A. STATE	DENCE (Where deceased lived, If institution; residence B. COUNTY before admission)				
	HOSPITAL OR INSTITUTION	pital or institution, give street address or location)		N (If outside corporate limits, write RURAL and give				
	c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDR	RESS (If rural, give location)				
	5. SEX 6. COLOR OR RACK Female White		8. DATE OF BIRT	last hirthday) Months Days Hours Min				
, ,	10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire Housewife	def 108 KIND OF BUSINESS OR	11. BIRTHPLACE	11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY?				
-	13. FATHER'S NAME		14. MOTHER'S M					
	Charles Si		Mary	A. Heckman				
	15. WAS DECEASED EVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or da	MED FORCES? 16. SOCIAL SECURITY NO. NOTE	17. INFORMANT Miss Mabe	ADDRESS 1 Tillman 412 Rosebank Ave.				
	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION)	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)						
3   1	DISEASE OR CONDITION CAUSI							
	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OF WAS PERFORMED		FOR PART IN PART I OR PART II				
	21A. ACCIDENT WAS UNDERLOR OR CONTRIBUTING CAUSE (DEATH (NOTIFY MEDICAL EXAMIN	OF about home, farm, factory, street, office	ebldg.,etc.) INJURY					
	21D. TIME (Month) (Day) (Yea OF INJURY	ar) (Hour)   21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	ILE T	V DID INJURY OCCUR?				
Jan		, 195, and that death occur	rred at 10:00 Pn	1953, to lee, 1953, that I last saw the n., from the causes and on the date stated above.				
20	23A. SIGNATURE  Produción  24A. BURIAL, CREMA- 24 DATE	Voerner M.D.	6100 York	23c. DATE SIGNED  Les 28, 1953  Y 24D. LOCATION (City, town, or county) (State)				
3	TION, REMOVAL (Specify)	29, 1953 Greenmount		Baltimore, Maryland				
	DATE RECEIVED BY REGISTRA	RECTOR ADDRESS 1217 St. Paul Street						



ed. The	1.	NAME OF DE		ames, Ba	iby Boy	2. DATE OF DEATH December 13, 1953			
be carefully supplied.	A.		ATH: ty, Maryland			A. STATE		deceased lived. If inst B. COUNTY	titution : residence before admission)
ns A	HO	FULL NAME O SPITAL OR STANCEMX	F (If net in hosp	ital or instituti	ion, give street address or location)			de corporate limite, w	rite RURAL and give
efull	4		S.	t. Joseph	h¹s Yrs.		imore DRESS (If rural	give location)	
car	c.	Length of sta	ay in Baltimore	1 da.	Mos. Days		Gutman Ave		
ज ज		sex e	6. COLOR OR RAC	WIDOW	E. MARRIED, PED, DIVORCED (Specify) ingle	B. DATE OF BIR			er 1 Year   If Under 24 Hours   Min. 3 50
should early ar	work	A. USUAL OCC	UPATION (Give sind working life, even if retire	of 10s. KIND	OF BUSINESS OR INDUSTRY			country) 12	WHAT COUNTRY
ttion th cl	13	. FATHER'S NA	AME			14. MOTHER'S		1 1	. S. A.
NG rms deat		Jan		W., Jr.		Mill	er, Kathe:	rine Rosetta	
item of information shoul causes of death clearly	15 (Ye	. WAS DECEASED	O EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
RESERVED G INK. Every please write t	CATION	injury or of A  DISEASES RISE TO TH	e, asthenia, etc. It m complication which ANTECEDENT CAL OR CONDITIONS, E ABOVE CAUSE (A ING CONDITION	caused death USES , IF ANY, GIVIN A) STATING TH	(B) Prema				4/2 43
MARGIN VFADIN ysicians	ERTIFIC	TO THE	II HIFICANT CONDITION DEATH BUT NOT	RELATEO TO					
MARGIN I	CE	TO THE	DEATH BUT NOT	RELATEO TO	TION FOR WHICH O	PERATION	CAUSE OF D	WAS RELATED TO EATH, ENTER IN	20. AUTOPSY7
, WITH	CE	OISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	DEATH BUT NOT	RELATEO TO NG IT. 19B. CONDI WAS PERFO YING 21B of about 1	TION FOR WHICH O	(e. g., in or 21C. Wh	PART I OR P	EATH, ENTER IN	YES NO X
	Ш	TO THE I OISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (NOTIS	IFICANT CONDITION DEATH BUT NOT CONDITION CAUSI OPERATION  NT WAS UNDERL UTING CAUSE	RELATEO TO NG IT.  19B. CONDI WAS PERFO  YING 21B obout!	TION FOR WHICH OF	(e.g., in or 21C. When bidg., otc.) INJURY	PART I OR P.	EATH, ENTER IN ART II Baltimore City, giv	YES NO X



before admission)

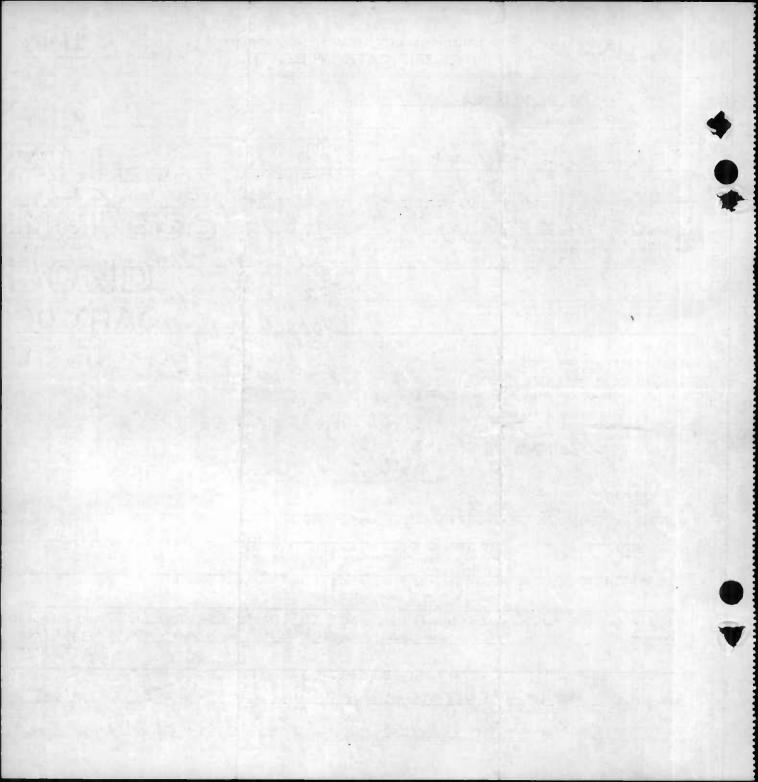
WHAT COUNTRY?

ERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

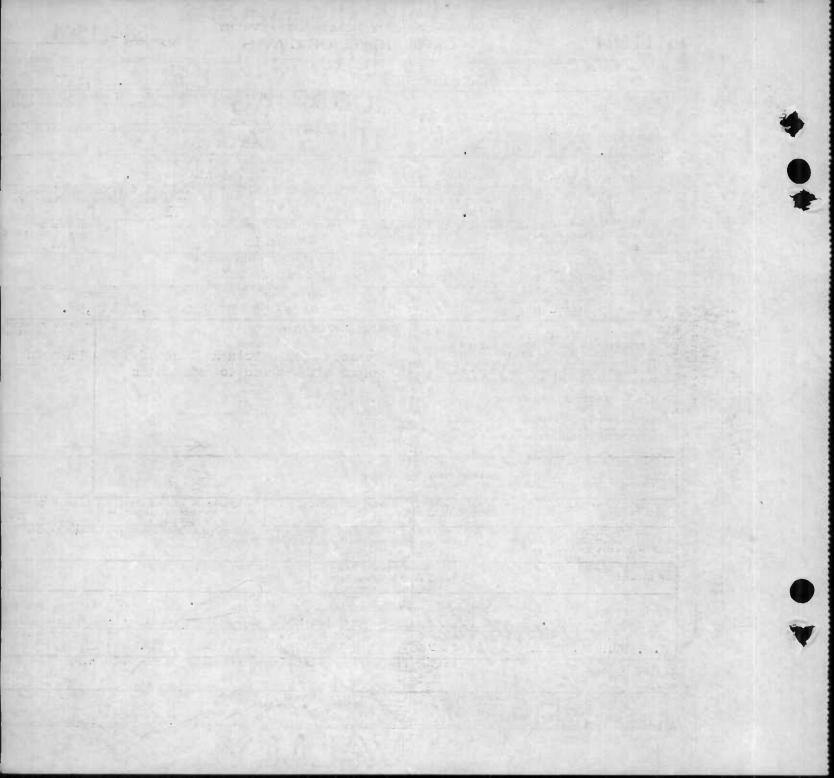
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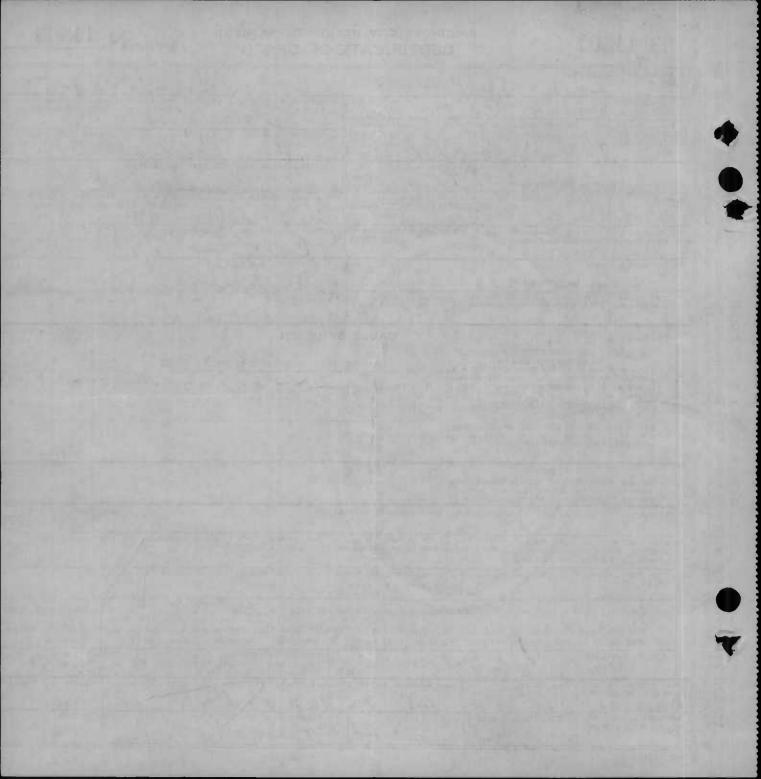
The	5. BI	W - 4 3 115( RTH NO.	160	BALTIMORE CITY HE			Registered	N11504
	1. NAME OF DECEASED (Type or Print)  ABRAHAM BENJAMIN MILLER						of DEATH Dec	. 28,1953
supplied.		3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESI	DENCE (W		If institution: residence before admission)
e carefully surlegibly.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) INSTITUTION  Wyman Pk. Prive & 31st St.				Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore township)			
care	5 c.	Length of s	stay in Baltimore	? S44 Yrs.			nta Fe Ave.	
ld b	5.	sex M	G. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10/27/82	тн	9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Months Days Hours Min.
n shou			CCUPATION (Give kind of of working life, even if retired)	1GB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		reign country)	12. CITIZEN OF WHAT COUNTRY? USA
ath	13	. FATHER'S	NAME les Miller		14. MOTHER'S Minnie		AME	
R BINDING	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES  WWI- USA ?				17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.			
RESERVED FO. INK. Every ite please write the	FICATION	(This does heart failu injury or DISEASE RISE TO T	SE OR CONDITION I LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mean complication which ea ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS	H (dying, e.g., squam sthe disease, aused death.) DUE TO tongu	ous cell ca e with spre			Unknown
MA	CERTI	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT R DR CONDITION CAUSING	RELATED TO THE				
н	AL		O W	9B. CONDITION FOR WHICH OF AS PERFORMED		PART I O	TION WAS RELATED F DEATH, ENTER OR PART II	IN YES NO A
ILY, WITI important.	MEDIC	OR CONTRI	ENT WAS UNDERLY!! BUTING CAUSE OF TIFY MEDICAL EXAMINES	about home, farm, factory, street, office		OCCUR?	(If in Baltimore Cit	y, give exact location)
LAINLY ially im	4	OF INJURY	(Month) (Day) (Year)	m. WHILE AT NOT WHI	LE C		URY OCCUR?	
RITE P		22. I hereb deceased a 23A. SIGNA J.A. Hu	TURE V. A. C	Director	ay 8,19 rred a5:30A 23B. ADDRESS S PHS Hospi	m., from th	he causes and on	53, that I last saw the the date stated above.  23c. PATE SIGNED 12/28/53
PLEASE W		ATE RECEIVED CAL REGIST	OREMA- 248. DATE Specify) /2 - Z 9  ED BY   REGISTRAR'S	43 Nevrung		RY 240. LO	Balto	

Due Z100 Sulau

VS 150



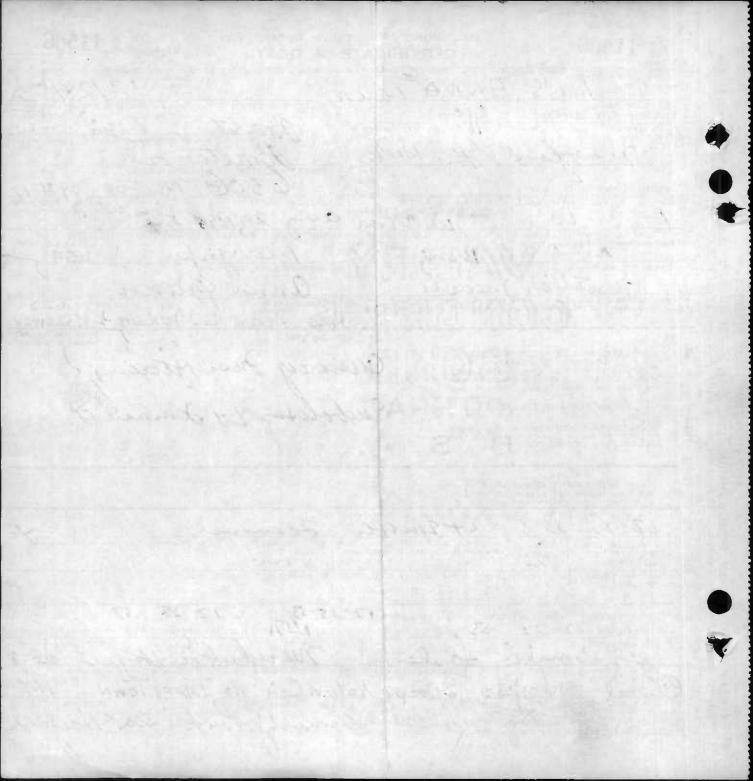
BINDING



DEATH B. COUNTA (If outside corporate limits, write RURAL and give 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) . 195, that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED

(State)

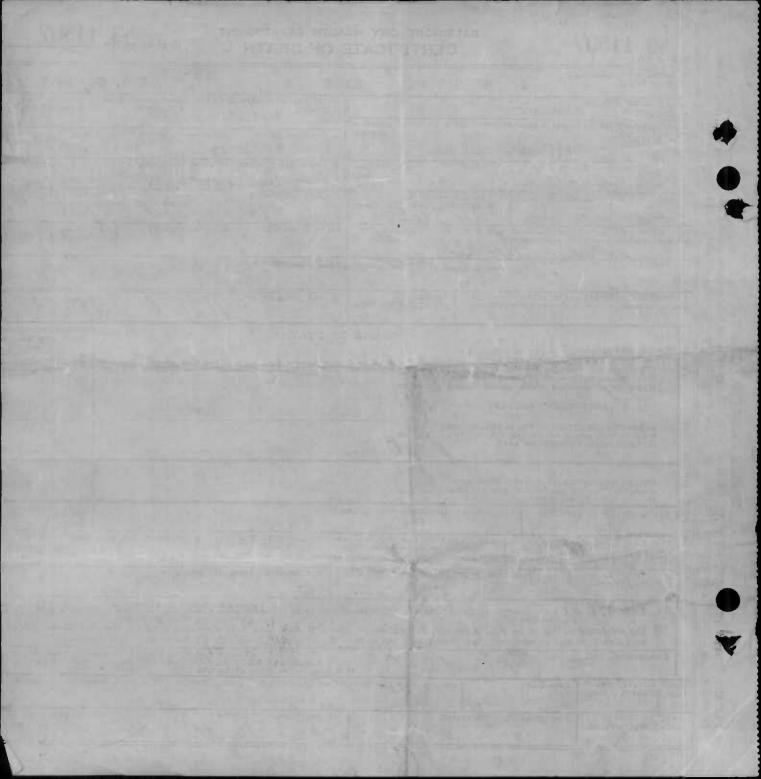
ADDRESS



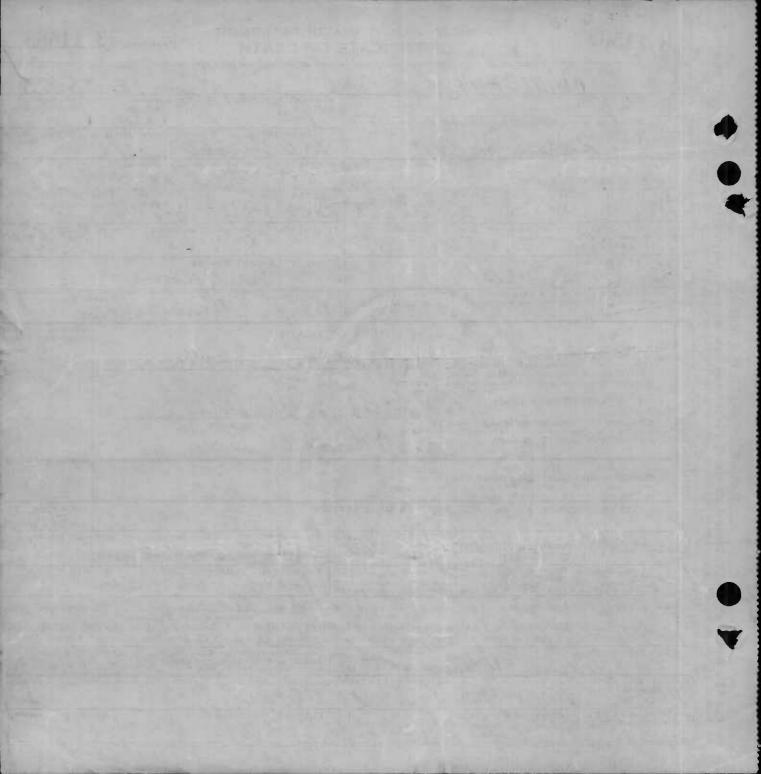
LOCAL REGISTRAR

	53 11507 CERTIFICATE	OF DEATH
	NAME OF DECEASED  HENRIETTA WOO	YDY
3. A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE Marylan
B. B	ULL NAME OF (If not in hospital or institution, give street address or location)  Provident Hospital	c. CITY OR TOWN Baltimo
c.	Yrs. Mos. Length of stay in Raltimore	D. STREET ADDRESS 1129 E.
S.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WISOWED, DIVERCED (Specify)	11-15 - 188-
	USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (State of
13	FATHER'S NAME	14. MOTHER'S MALDEN
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT
FICATION	LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
ERTIFIC,	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE OF INJURY   WHILE AT   NOT WHILE AT WORK   AT WORK	21F. HOW DID INJU
	22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopa nquiry, find that said
	23A. SIGNATURE	238. CHIEF MEDICA ASSISTANT MEDICA
	M. BURIAL, PREMA-1 24B. DATE 240 NAME OF CEMETE	D. MEDICAL INVEST

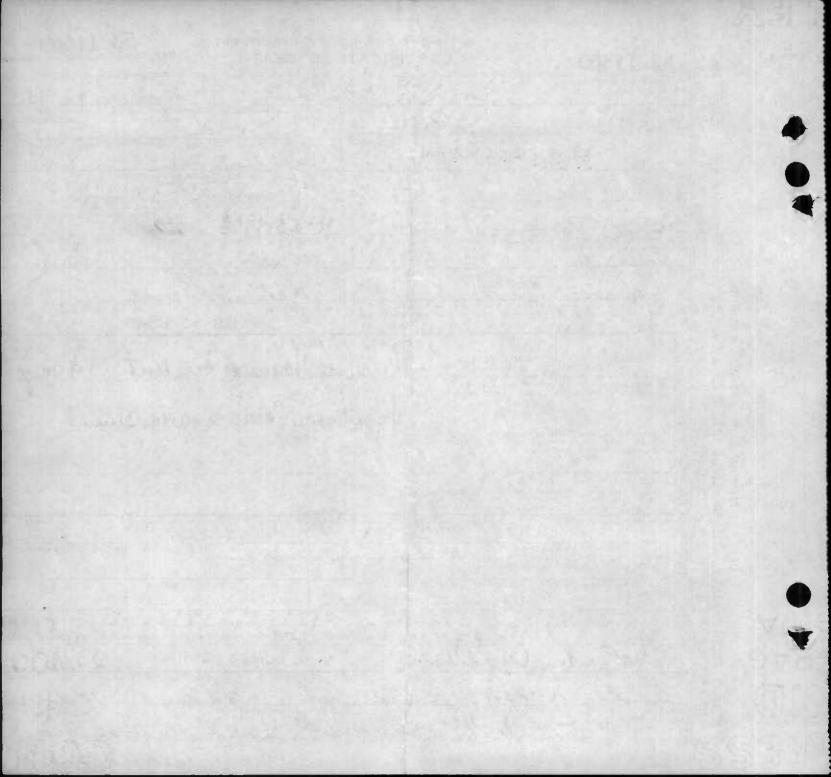
Registered No. 11507 2. DATE OF DEATH Dec. 23, 1953 RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give Baltimore ADDRESS (If rural, give location) 1129 E. Pratt St. 9. AGE (in years Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ACE (State or foreign country) 'S MALDEN NAME INTERVAL BETWEEN ONSET AND DEATH ic cardiovascular disease 20. AUTOPSY? NO X (If in Baltimore City, give exact location) W DID INJURY OCCUR? an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry that said deccased died on the day stated above, nt [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED IEF MEDICAL EXAMINER .... ANT MEDICAL EXAMINER INVESTIGATOR 24D. LOCATION (City, town, or county)

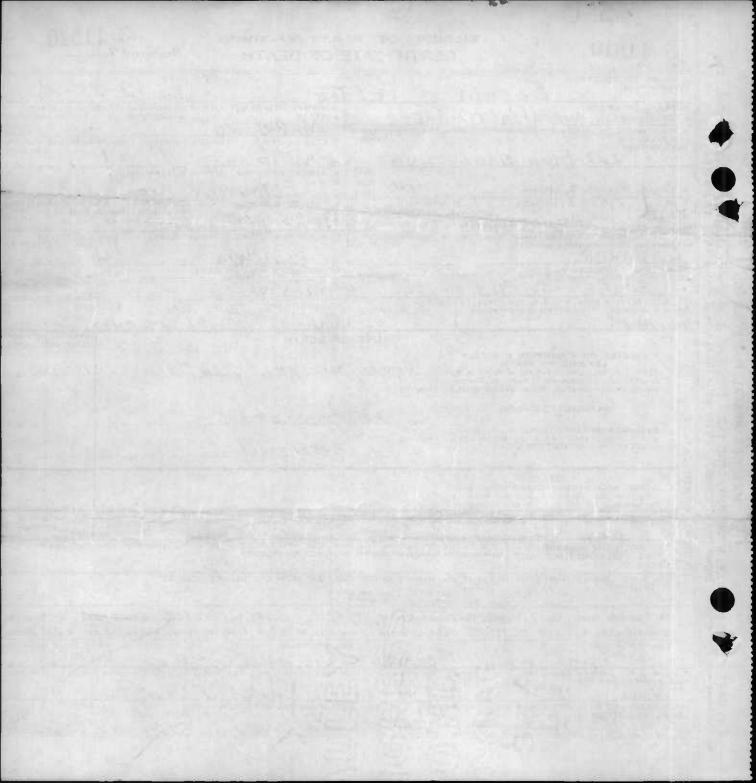


FOR



Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give rural give location) AGE (In years | ff Unch West | ff Under 24 Hours last hirthday) | Months Hays | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS JOHNS HOPKINS HOSPITAL NTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location) 19 3 that I last saw the \_m., from the causes and on the date stated above. 23C. DATE SIGNED 24D. LOCATION (City, town, or county) PLEASE correct LOCAL REGISTRAR 2010 VS 150





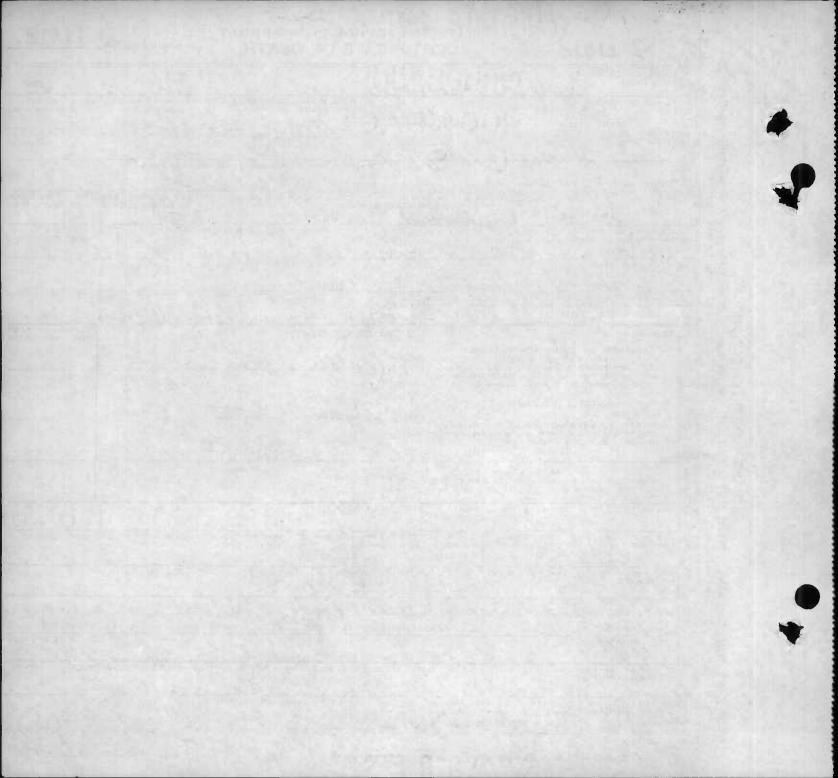
James L. McCully - I30 E. Fort Avenue

PLEASE

LOCAL REGISTRAR

4 L Vs 150

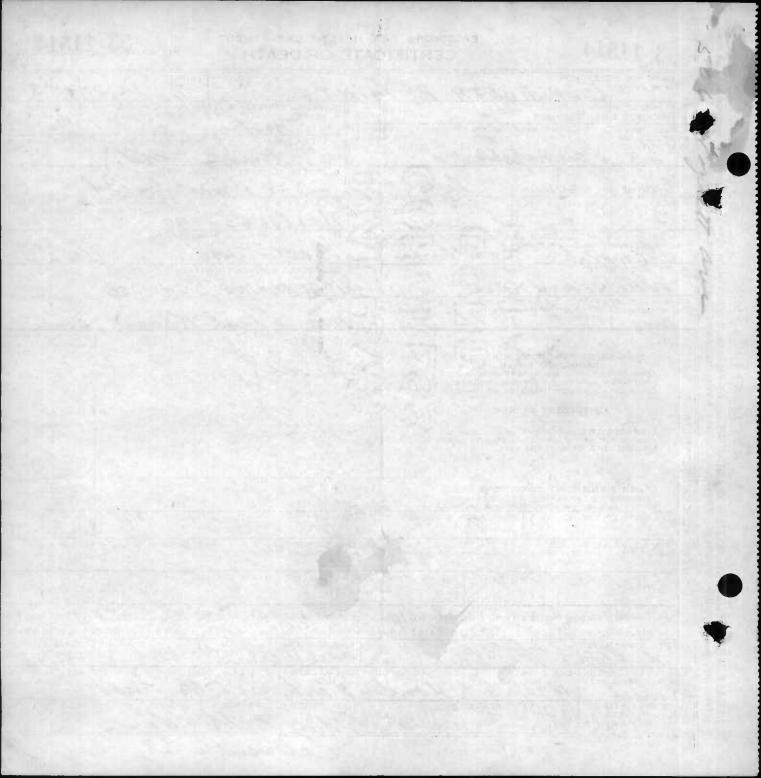
See letter in Document file
Dr. H. C. Johnston, Asst Supt - Medical
BCH



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ANNI supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased live). If institution: residence Baltimore City, Maryland LIMORE before admission) (If not in hospital or institution, give street address or FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION o township) ribly. MOR Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) pluods clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s HOUSE WIF 0 13. FATHER'S NAME R'S MAIDEN NAME GEORGE W. J. S. ARMED FORCES 15. WAS DECEASED EVER IN U. S. ARMED FORCES on the new policy of the service of service) 16. SOCIAL ADDRESS A W (Yes, no or nnknown) SECURITY NO. causes MD of INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO cancer of the stomach ANTECEDENT CAUSES INK. please RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. EDICA YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Oct. 1947, to Dec- 28, 1953 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Dec. 7 1953, and that death occurred at 12 a.m., from the causes and on the date stated above. PLEASE WRIT 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATOR' TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR AFC 2040EA Vs 150 1000

10. Libert Rud near sis-300

	BALTIMORE CITY HEALTH DEPARTMENT 50 44 54 5							
	1	-0 11511	E OF DEATH Registered No.	11514				
	BI	RTH NO.						
		NAME OF DECEASED.  The or Print) ELIZABETH B. MIN	1/ T > 2. DATE OF 12 /	27/53				
		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If in					
	_	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COONTY	before admission)				
	HC	SPITAL OR location)						
	3	2328 annapolis Rd.	Baltimore md.	township)				
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II U	nder L.Year   It Under 24 Hours				
		4 WIDOWED, DIVORCED (Specify)	1/23/18/3 last birthday) Mont	hs Days Hours Min.				
		A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   1	2. CITIZEN OF				
	WOFE	done during most of working life, even if retired)	Balto mid.	WHAT COUNTRY?				
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0,2.0.				
		WARNER GABLE	MATHERINE SCHWARB					
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.		DRESS				
		mo	Mrs. I loyd Kramer	same				
			OF PEATH	ONSET AND DEATH				
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	Z	ANTECEDENT CAUSES Z						
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
	CA	UNDERLYING CONDITION LAST.						
	RTIFIC	<u>(c)</u>						
	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
	U							
	AL			YES NO X				
	DIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, giv., etc.) INJURY OCCUR?	e exact location)				
•	ME	OF THE (March) (Park) (Various) Later through account						
9		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE						
		m. WORK AT WORK						
1		22. I hereby certify that I attended the deceased from March 1, 1952, to Dec 27, 1953, that I last san deceased alive on Rec. 23, 1953, and that death occurred at 5:45 pm., from the causes and on the date stated a						
			23B. ADDRESS /	23c. DATE SIGNED				
		1. Citition Mossberg M.D.	3436 Weshington Blod	12/29/53				
3	24 TIO	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY ZAD. LOCATION (City, town, or	r county) (State)				
	2	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDBF66				
		TE RECEIVED BY REGISTRAR'S SIGNATURE	mus mulh y de	ADDRESS				
	-		rige riable from					
1		VS 150	Catonsville 28					

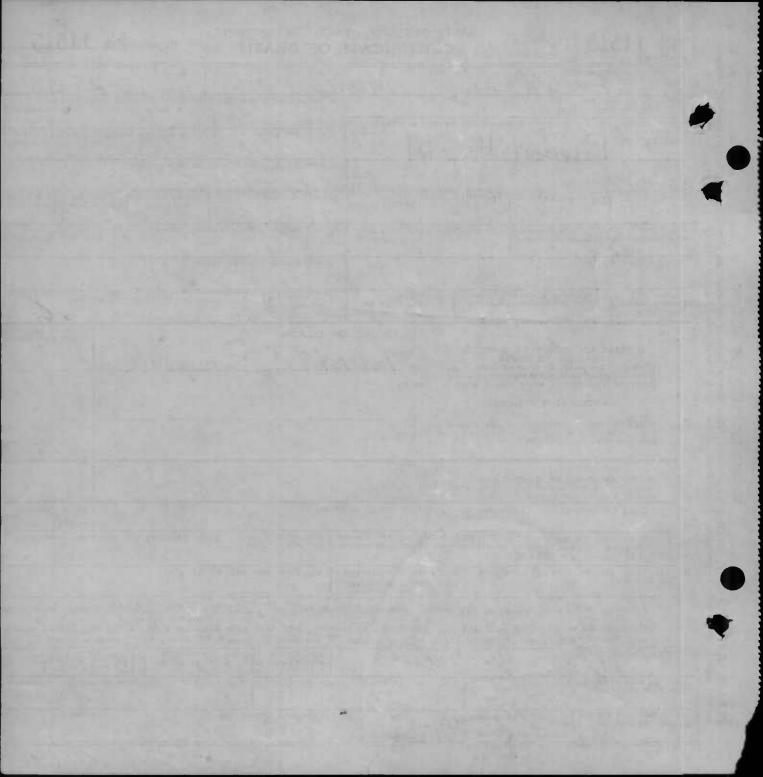


BINDING

FOR

RESERVED

MARGIN



1	NAME OF DECEASED (Stathleen Matthews)  Kathleen Matthews	2. DATE OF DEC. 1953	
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF f not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If instaution: residence a. STATE B. COUNTY before admissi Maryland	
H	OSPITAL OR UNIVERSITY HOSP.	C. CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore	
	. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  317 Myrtle Ave.	
f	emale colored 7. SINGLE, MARRIED, WIDGWED, DIVORCED (Specify)	Sept 22,1922 9. AGE (in years at birthday) Months: Days Hours M. Months: Days Hours M. Months: Days Hours M.	
Wor	A. USUAL OCCUPATION (Give lind of k dooe during most of working life, eveo if retired)  Achine opertor  B. FATHER'S NAME  10B. KIND OF BUSINESS OR INDUSTRY  B. FATHER'S NAME	11. BIRTHPLACE State or foreign country)  12. CITIZEN OF WHAT COUNT.  14. MOTHER'S MAIDEN NAME	
15	5. WAS DECEASED EVERYALE, W. SRMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  SECURITY NO.	Justina Matthews  17 INFORMANT Thelma Bland (939Sarah ann St.	
FICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  STRICE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ntestional obstruction nogranuloma venereum with cture of the rectum and ralized paritonitis.	
RTI			
AL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in	or   21c. WHERE DID (If in Baltimore City, give exact location)	
L CE	/ / / / / / / / / / / / / / / / / / /	a or 21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?	

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TOTAL STREET TOTAL TOTAL STREET . State tropy to Ulana

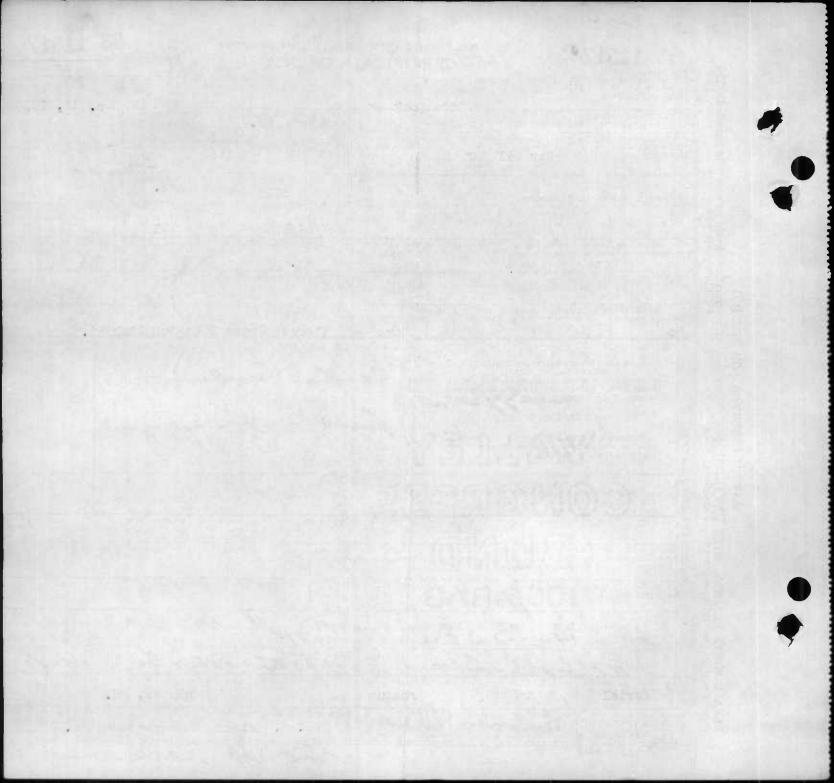
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The	
supplied.	
ould be carefully	ly and legibly.
information sh	causes of death clear
NK. Every item of information should be carefully supplied.	write the causes
NK.	ease

53 11517

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1	1	51	7
Registered No				

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH	06 7050		
3. PLACE OF DEATH: A. Baltimore City, Maryland	Etta Cook	A. STATE Md.	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE Md . B. COUNTY before admission			
HOSPITAL OR	pital or institution, give street address or location) Wil Bar	c. CITY OR TOWN Balt	c. CITY OR TOWN Balto 27- Stownship			
c. Length of stay in Baltimore	? Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  5323 Denmore Ave.				
5. SEX 6. COLOR OF RAC	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7/24/82	9. AGE (In years last birthday) M	Il Under 1 Year   H Under 24 Hours onths Days   Hours Min.		
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if retail None		11. BIRTHPLACE (State or foreign country)  Va.  USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
15. WAS DECEASED EVER IN U. S. AR (Yes, no or unknown) (If yes, give war nr.	MED FORCES? 16. SOCIAL SECURITY NO. None	17. INFORMANT Theresa Jones 2		ADDRESS		
DISEASE OR CONDITION  (This does not mean the mother failure, asthenia, etc. It in injury or complication which is the mother failure, asthenia, etc. It is injury or complication which is the mother failure, asthenia, etc. It is injury or complication which is injury or complication.  ANTECEDENT CA  DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NO	LEATH lee of dying, e.g., neans the disease, h caused death.)  LUSES  S. IF ANY, GIVING (A) STATING THE OUE TO	elis Vasul ul - Ske ijht)	ijslye.	J		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAUS	T RELATEO TO THE		,			
19A. DATE OF OPERATION  V 21A. ACCIDENT WAS UNDER	198. CONDITION FOR WHICH OF WAS PERFORMED  LYING 218. PLACE OF INJURY (	CAUSE (PART I	ATION WAS RELATED OF DEATH, ENTER OR PART II (If In Baltimore City	IN YES NO		
OR CONTRIBUTING CAUSE	OF about home, farm, factory, street, office	bidg.,etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Ye OF INJURY	ear) (Hour)   21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WOR	ILE	JURY OCCUR?			
22. I hereby certify that I deceased alive on 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DAT TION, REMOVAL (Specify) / 2-2	, 1933, and that death occur  M.O.  E 24C. NAME OF CEMETE		the causes and on	2		
DATE RECEIVED BY LOCAL REGISTRAR	AR'S SIGNATURALLIA	25. FUNERAL DIRECTOR	1303 Presst	man St.		
Vs (50 1383		Dec. St.	Kels	on		



18	BALTIMORE CITY HE	n
1.	IRTH NO.  NAME OF DECEASED LUCINDA Bowd	101 Back 2 DATE 12/24/03
А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Alf not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution residence A. STATE  B. COUNTY before admission)
IN	OSPITAL OR Provident Hopelor (Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Mos.  Days	8. DATE OF BIRTH 9. AGE (In yours It Under 24 Hours
tow Carly and	Colored WIDOWED, AIVORCED (Specify)	12/20/1913 last birthdw/ Months Days Hours Min.
Clearly	HOUSEWORK INDUSTRY	GLOUCESTER, VA. ( 12. CITIZEN OF WHAT COUNTRY?
death	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME WAY WILLIAMS
i 15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es, no or unknown) (If yes, give war or dates of service) SECURITY NO.  NO NO	17. INFORMANT ADDRESS MARY E. BOYD D1208 MULBERRY ST
please write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Ser Vasqu'or Acadent Sertension
Physicians: CERTIFICA	DISEASE OF CONDITION CAUSING IT	
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPE	CAUSE OF DEATH, ENTER IN YES NO V
important.	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bit DEATH (NOTIFY MEDICAL EXAMINER)	g., ln or 21C. WHERE DID (If in Baltimore City, give exact location) ldg.,etc.)
lally im	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	
especi	deceased alive on 12-14, 19 2, and that death occurr	to 195, that I last saw the
0 10	23A. SIGNATURE R. Leyno M. D. 23	When Horpital 23c. DATESIGNED
CZ TI	Bund 12/29/53 Elbutus	menil PK Balto County
	OCAL REGISTRAR S SIGNATURE	25. TUNERAL DIRECTOR ADDRESS

720 8A 512 Canvellen Cert

Lucinda Bowden Wangler of Provident Horfital Pollenois

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BINDING

FOR

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Physicians	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Dec. 26, 3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland Baltimore City, Maryland Baltimore, Ma 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Home For Incurables Battimore Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Keswick & Loth Sts. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Baltimore. Mary 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME illiam Hubbard E 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Charletto Flery 422.1 DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CAL 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE

ONSET AND DEATH sertrophic arthrelis severe 20. AUTOPS (If in Baltimore City, give exact location) 1 NOV 26 Dece, 19 Sthat I last saw the 22. I hereby eertify that I attended the deceased from. 19-53 to\_ 26 Dec 19 53, and that death occurred at 1 45 Pm., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 2 Ald 46 Les La 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Cedar Hill Cem. Balto. Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTO ADDRESS LOCAL REGISTRAR VS 150

before admission)

If Under 1 Year

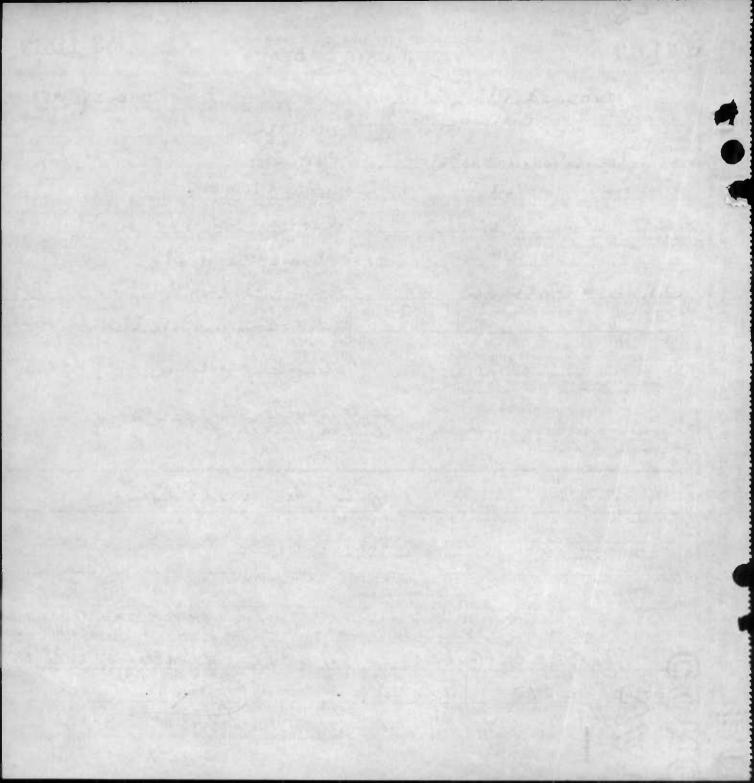
12. CITIZEN OF

U.S.A

WHAT COUNTRY?

INTERVAL BETWEEN

township)

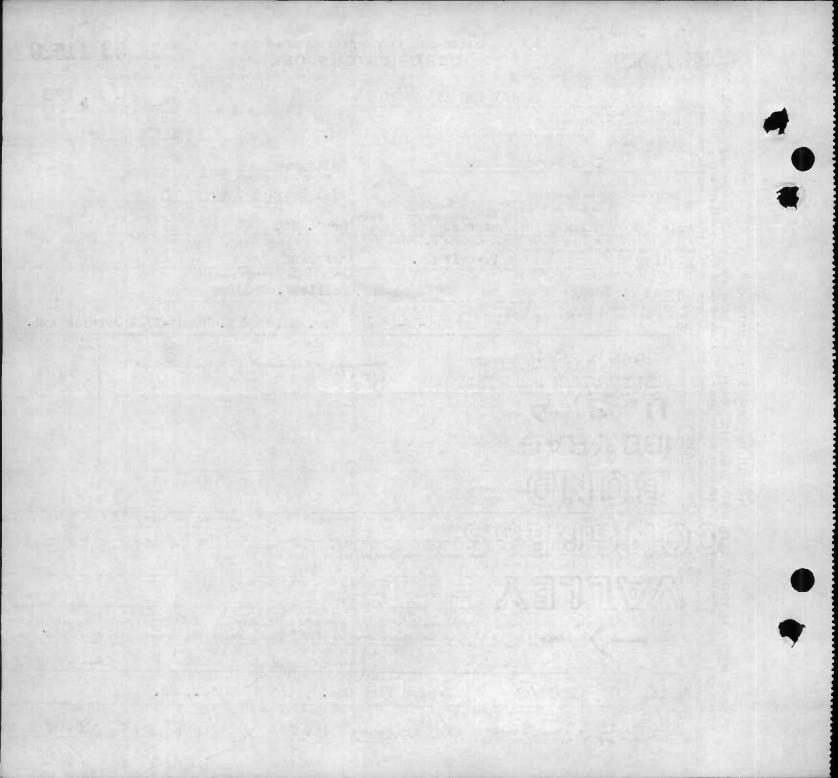


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

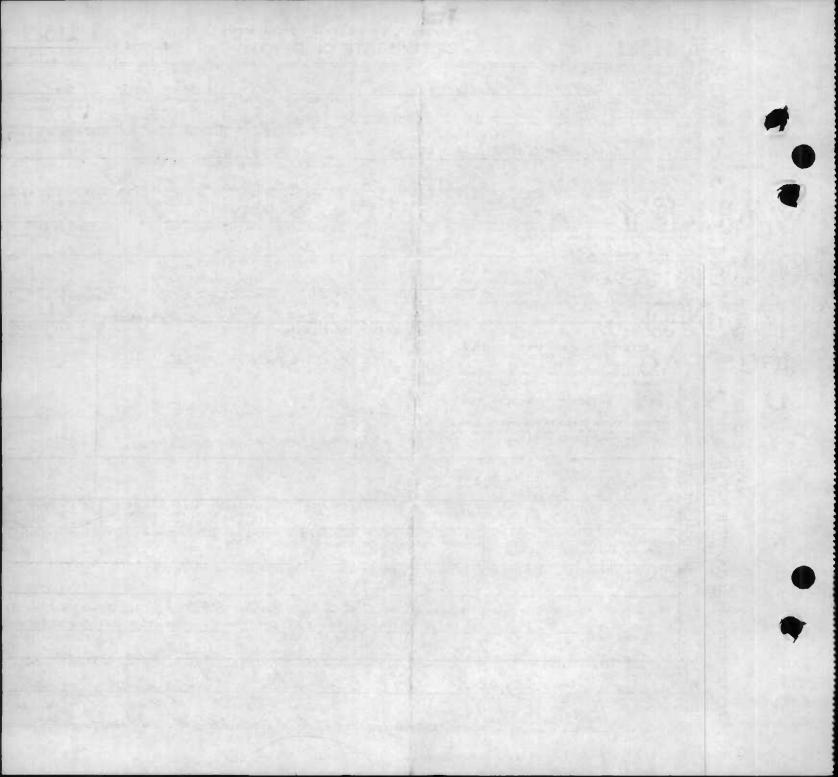
Registered \$3 11520

ed. T	1.	NAME OF DEC		RGE RUS	SELL YOUNG			1 007/11/1	27, 1953
ppli	A.	3. PLACE OF DEATH:  A. Baltimore City, Maryland					RESIDENCE (W	here deceased lived. If in B. COUNTY	before admission)
carefully supplied.	H	SPITAL OR	(If not in hospit		ion, give street address or Iocation)			outside corporat/ limits,	write RURAL and give township)
refribly	-				Yrs.	D. STREET	ADDRESS (If	rural, give location)	
e ca leg		Length of sta			Mos. Days		rwick Ave		
should be carefu		sex 6	white		E, MARRIED, /ED, DIVORCED (Specify) _ed	Sept. 26			der I Yeer H Under 24 Hours hs Days Hours Min.
	A	done during most of w	JPATION (Give kind of orking life, even if retired)		of Business or INDUSTRY	11. BIRTHPL	ACE (State or fo	oreign country) 1.	2. CITIZEN OF WHAT COUNTRY?
NDING information of death cl	S	amuel J. Y	oung		Hellin F.		. Collins		
BINDING of inform uses of dea	(Ye	s, no or unknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 213-10-2964	Mrs. Mi		Young-2711 Be	rwick Ave.
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	(This does n heart failure, injury or co	OR CONDITION EADING TO DEA: ot mean the mode of asthenia, etc. It mea implication which of NTECEDENT CAUS OR CONDITIONS, I ABOVE CAUSE (A) IG CONDITION LA	TH  of dying, e. g.  f dying, e. g.  sted disease  aused death  SES  F ANY, GIVIN  STATING TH  ST.  CONTRIBLE  RELATEO TO	(B)	OF DEATH	inot Ex	ugozardiál	INTERVAL BETWEEN ONSET AND DEATH
H	U	19a. DATE OF	0 V	9B. CONDI VAS PERFC		MC	PART I	TION WAS RELATED TO OF OEATH, ENTER IN OR PART II	20. AUTOPSY?
6	EDICAL	OR CONTRIBU	T WAS UNDERLY TING CAUSE OF WEDICAL EXAMINE	about	. PLACE OF INJURY ( home, farm, factory, street, office	(e. g., in or 21C.) hldg.,etc.)	JRY OCCUR?	(If in Baltimore City, g	ive exact location)
PLAINLY, ecially imp	Σ	210. TIME (MO OF INJURY	onth) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	LE	HOW DID IN.	JURY OCCUR?	
WRITE e is esp		deceased aliv		tended the	deceased fromand that death occur	redat 37	p.m., from t	he causes and on the	that I last saw the date stated above. 23c. DATE SIGNED Acc. 78, 1953
四百	Z. B	4A. BURIAL, CR ON REMOVAL (Spe Urial	EMA- 248. DATE cify) 12/31/53		Loudon Park	Cem .	TORY 24b. L Bal	to, Md.	r county) (State)
PLEAS correct		ATE RECEIVED OCAL REGISTR	AREA Line As	s SIGNATI	Williams, 18	25. FUNERA	NO DIRECTOR	Vickner 9	DURESS
		VS 150		0	0	0051		Reacto 1-	nud.



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The		RTH NO.			CERTII TOATI	L OI DE	.ДПП			
		NAME OF DE		PSHL	IR			OF 12-	-26	-53
carefully supplied.		PLACE OF DE	EATH: ity, Maryland			4. USUAL R	ESIDENCE (W	here deceased lived.	If institu	tion: residence before admission)
dns	В.	FULL NAME		l or institut	ion, give strect address or location)	MAK	14LAND	NON	IE	25
Illy	IN	STITUTION	lalive De 17	-11 11	a roc	C. CITY OR T	rown (If	outside corporate lir	nite, write	township)
carefu legibly.	-	1	NIVERCOIL	7 17	Yrs	D. STREET A	DDRESS (If r	ural, give location)		1
leg leg	****		ay in Baltimore		43 Mos. Days	172	8 W. M.		UE	
should be	5.	SEX EMOLE	6. COLOR OR RACE		E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF 1	100	9. AGE (In years last birthday)	Months I	
shoul	10		COLOREI)	LOIV	ORCED OF BUSINESS OR	10-16-	ACE (State or for	reign country)	1 12, C	ITIZEN OF
n sl	Worl	done during most of	(working life, even if retired)	6	24 mil INDUSTRY	MA	BRYLA	UD	W ()	VHAT COUNTRY
atio	13	FATHER'S N	AME			14. MOTHER				
NG dea		JOH	IN CLA	ey		ELLA	VOH	NSON	0	
R BINDING em of information causes of death cle		, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	17 MEORMA	8 The	Renth	MINE	ach
		18. 521	5× .		CAUSE	OF BEATH				TERVAL BETWEEN
FOR 1			E OR CONDITION	'H	Ac	ITE C	DALGEST	JUE FAIL	ISOF	· Shore
13 - I		heart failu	not mean the mode of re, asthenia, etc. It mean complication which c	ns the discas	e,		700231	1021711	-0/4_	<i>\$27110</i> .
RESERVED INK. Ever please write			ANTECEDENT CAUS			. 7				
RESE INK.	N		OR CONDITIONS, IF			e fu	LMON	ALE		6yrs
G I	ATIO	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	MONA	RY FI	BROSIS		10 yrs
GIN	FIC				(C)			X		
MARGIN UNFADING Physicians:	RTI		II NIFICANT CONDITIONS DEATH BUT NOT F							
Phy	CE	DISEASE OF	R CONDITION CAUSING	IT.	TION FOR WHICH OF	PERATION	IF OPERAT	ION WAS RELATED	TO   2	O. AUTOPSY?
H.H	AL	TOA. DATE O		AS PERFO	RMED		PART I O	F DEATH, ENTER	IN Y	ES NO
ILY, WITH important.	EDIC	OR CONTRIB	NT WAS UNDERLY! UTING∐ CAUSE OF	about	. PLACE OF INJURY (bome, farm, factory, street, office	e. g., in or 21C. bldg., etc.) INJU	WHERE DID (	If in Baltimore Ci	ty, give e	exact location)
LY, mpo	ME		Month) (Day) (Year)		21e. INJURY OCCURRI	215	HOW DID INJ	URY OCCUR?		
		OF INJURY	Month) (Day) (Teat)	m.	WHILE AT NOT WHILE AT WORK	LE	NOW DID 1143	DRT CCCCRT		
		22. I hereb	y certify that I att	ended the		EC 18	1953 to D	EC 26, 19	53 tha	t I last saw th
TE				, 1953,	and that death occur			re causes and on	the day	te stated above
WRITE ge is esp		23A. SIGNAT	but I for	roleta	W M.D.	Walve	rsitu 1	Soopital	12	2-26-53
E age	24	AA. BURIAL. CON. REMOVAL (S	REMA- 248. DATE	1		RY OR CREMA	TORY 240. LC	CATION (City, to	wn, or cou	
PLEASE W	K	Barial	12/30	1195	Viest	ew st	ac (	olover	elle	MESS.
PL		ATE RECEIVE	RAR	for 1	/11.	- FUNERA	LIBECTOR	Fune	in	Kerol
	_	C? Normal	HAR ELECTION	rion y	Michigan St. 3	- 7/00	3/ NU	end H	u	Cree.

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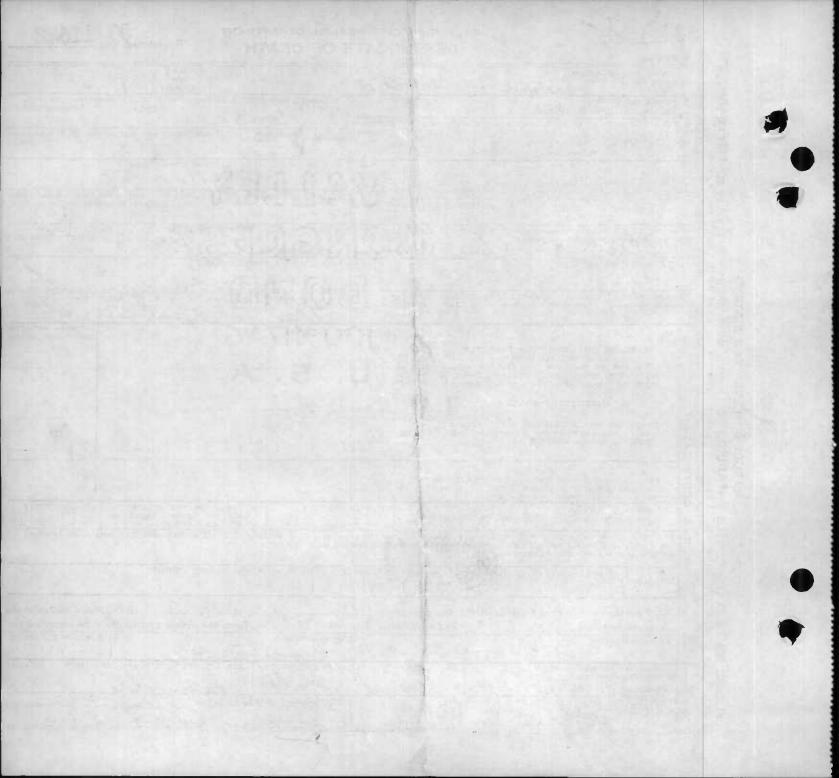


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### BALTIMORE CITY HEALTH DEPARTMENT

Registered	3	118	522	

The	IRTH NO.		CERTIFICAT	E OF DEATH	Registered No	0.41000
17	NAME OF DE	JANIE E	E WILSON		2. DATE OF DEATH	2,153
ildq	Baltimore C	ity, Maryland		4. USUAL RESIDENCE (	(Where deceased lived, If in B. COUNTY	before admission)
, H	OSPITAL OR NSTITUTION	If not in hospital or inst	itution, give street address or location)		If outside corporate limits,	write RURAL and give township)
gibl	-0		Yrs. Mos.		If rural, give location)	
			Days GLE, MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	nder l Ysar ff Under 24 Hours ths Days Hours Min.
10 wor	DA. USUAL OCC	CUPATION (Givekind of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S N	he Wilson		14. MOTHER'S MAIDEN	rore, so	
(Y	5. WAS DECEASE	D EVER IN U.S. ARMED FORCES (If yes, give war or dates of service	(57) 16. SOCIAL SECURITY NO.	My somethic	. Bentala	DAESS .
write the caus	DISEAS (This does heart failur injury or		INTERVAL BETWEEN ONSET AND DEATH			
CATION	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, IF ANY, G HE ABOVE CAUSE (A) STATING	IVING (B) Zou	vandiae linfo	ephosio ustroni	5 days.
CERTIFI	TO THE	II NIFICANT CONDITIONS CONTR DEATH BUT NOT RELATED R CONDITION CAUSING IT.	TO THE \ New	noria		5 days.
MEDICAL (	19A. DATE OF		REFORMED POT MENOR		RATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	
EDIC,	OR CONTRIB	NT WAS UNDERLYING   all buting   CAUSE OF   all fry medical examiner)			(If in Baltimore City, s	give exact location)
2	OF INJURY	Month) (Day) (Year) (Hour)	WHILE AT NOT WHI	ILE	NJURY OCCUR?	
A WE	22. I hereby	y certify that I attended live on .2/22, 19	the deceased from 124	115 1953, to_	12/27 , 1953	that I last saw the
	23A. SIGNAT	TURE J. H. Wen	M. D.	23B. ADDRESS	wor.	12,27/53
	4A. BURIAL. C	p@ify)	24C. NAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
JO L	DATE RECEIVED	D BY REGISTRAR'S SIGN	ATURE, Welliamas and	29 FUNERAL PINESTOR	l Funer	ADDREGS Kim
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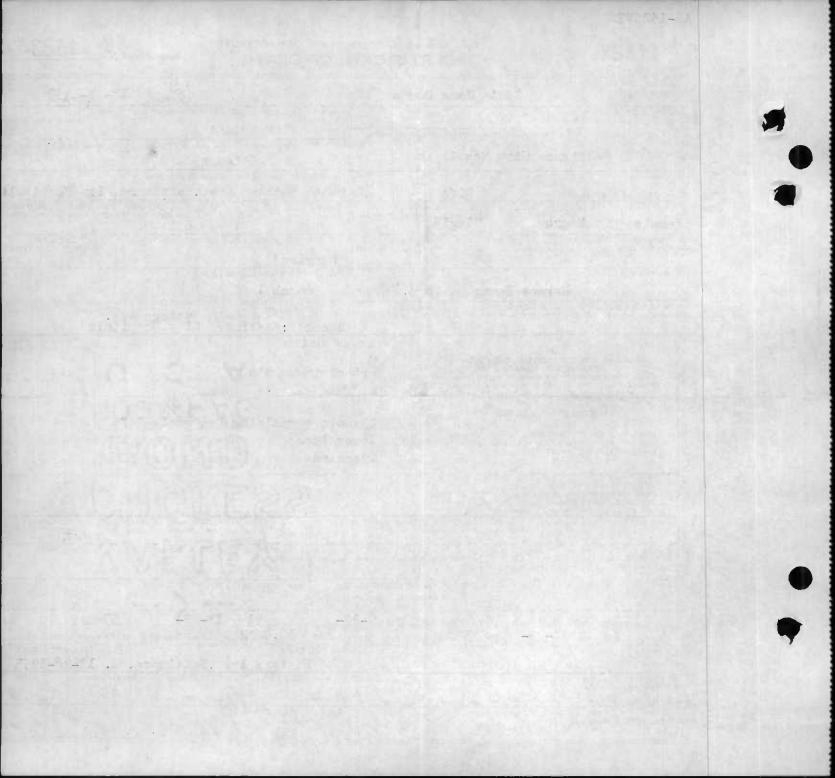
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# BALTIMORE CITY HEALTH DEPARTMENT

53 11523

5	211	RTH NO.		CERTIFICA	IE OF DEA	IH	registered	110
		NAME OF D	FCFASED				2. DATE	
1 0		pe or Print)		die Jane Downs			OF DEATH	12-23-1953
3 4	3.	PLACE OF D	EATH: lity, Maryland		4. USUAL RES	IDENCE (W	here deceased lived.  B. COUNTY	If institution; residence before admission)
- A		FULL NAME		al or institution, give street address	_	Maryland	2. 0001111	13
	10	SPITAL OR		location		WN (If o	outside como ate in	nits, write MURAL and give
Jy.	2	311101101	Baltimore Cit			Baltimor		township)
dis	) (			Yr Mo			ural, give location)	
leg			tay in Baltimore	Life Da	78 4940 Bast			e,City Hospitals
pu.		SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BII	RTH	9. AGE (In years last birthday)	Months Days Hours Min.
eg .	F	emale	Negro	WIDOWED DIVORCED (Spec		?	67?	
write the causes of death clearly and legibly.	l O	A. USUAL OC donoduring most o	CUPATION (Give kind of f working life, even if retired)	108. KIND OF BUSINESS OR INDUST	11. BIRTHPLAC	E (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
g 1	13.	FATHER'S N	IAME		14. MOTHER'S	MAIDEN NA	ME	
dear			Horace I	, , , , , , , , , , , , , , , , , , , ,	Sarah	?		
10 (Y	15. Yes	. WAS DECEASE, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO		4740	Eastern Av	ADDRESS /e. itals
suc	ò	18. 490		CAUS	OF DEATH			INTERVAL BETWEEN
0		DISEAS	E OR CONDITION					ONSET AND DEATH
th th		(This does	LEADING TO DEAT not mean the mode o		onchopneumor	nia		
Write		heart failu	re, asthenia, etc. It mea complication which c	ns the disease,			•••••	
W								
0			ANTECEDENT CAUS	A1	ronic organi	iging Pn	eumonia-lei	Ft.
Please	5	DISEASES	OR CONDITIONS, IF	ANY, GIVING				
ATION		RISE TO T	HE ABOVE CAUSE (A)	CT	wer lobe			
CFRTIFICA	3			(C)Py	ometra		***********************************	
PTIFIC			11	(,				
D.	2		NIFICANT CONDITIONS					
li (			DEATH BUT NOT P					
1	. 1	19A. DATE O	F OPERATION 1	98. CONDITION FOR WHICH VAS PERFORMED	OPERATION	CAUSE OF	TION WAS RELATED F DEATH, ENTER R PART II	
DICAL	َ إِنَّ	21A. ACCIDE	NT WAS UNDERLY	NG   218. PLACE OF INJUR		HERE DID (		ty, give exact location)
T T	200		BUTING CAUSE OF		fice bidg., etc.) INJURY	OCCUR?		e si e i
-	-	210 TIME (	Month) (Day) (Year)		RRED 21F. HC	ILNI DID WO	URY OCCUR?	
		OF INJURY			HILE			
MEDICAL		22 Though		ended the deceased from 9-		51 . 12	-23- 10	53that I last saw the
200	1	deceased a	ive on 12-23-	. 19 53, and that death oc	numed at 10	45AM om +h	a causes and on	the date stated above
n n	1	23A. SIGNA		, 13_12, and that death oc	23B. ADDRESS	-visty v out th	ie causes una on	23c. DATE SIGNED
		200.010110	1st melin 1	ou · M.D.		rn Ave.	Baltimore.	Md. 12-28-1953
0 -	24	A. BURIAL, C	REMAI 248 DATE	24c. NAME OF CEME			CATION (City,,tov	
" т	0	N. REMOVAL	pecify	100 1 1	11.	19		elicar R. 1
2	7	unal	1/2/29	S SIGNATURE	1 25. FUNERAL	DIRECTOR	man	ADDRESS
correct	46	TE RECEIVE	RAR REGISTRAR	SIGNATURE .	25. FUNERAL	DIRECTOR	1	d 9 . 1.
	از	-0 Z - 10	A THATEAN	A A BOOK OF THE PARTY OF THE PA	1. X. Suc	Kegg +	Sans 13	318 Light I

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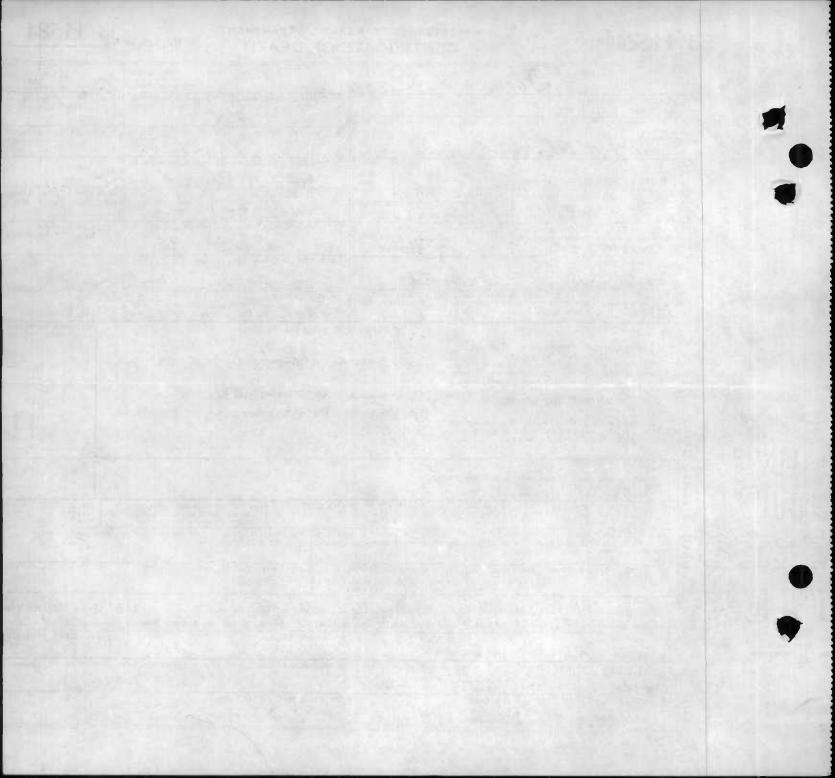
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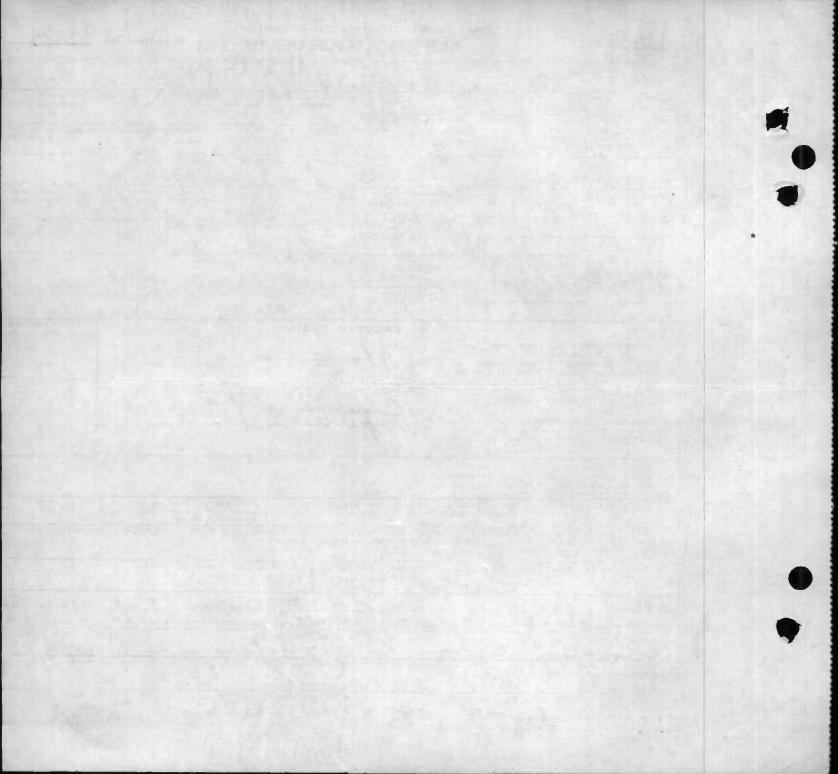
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

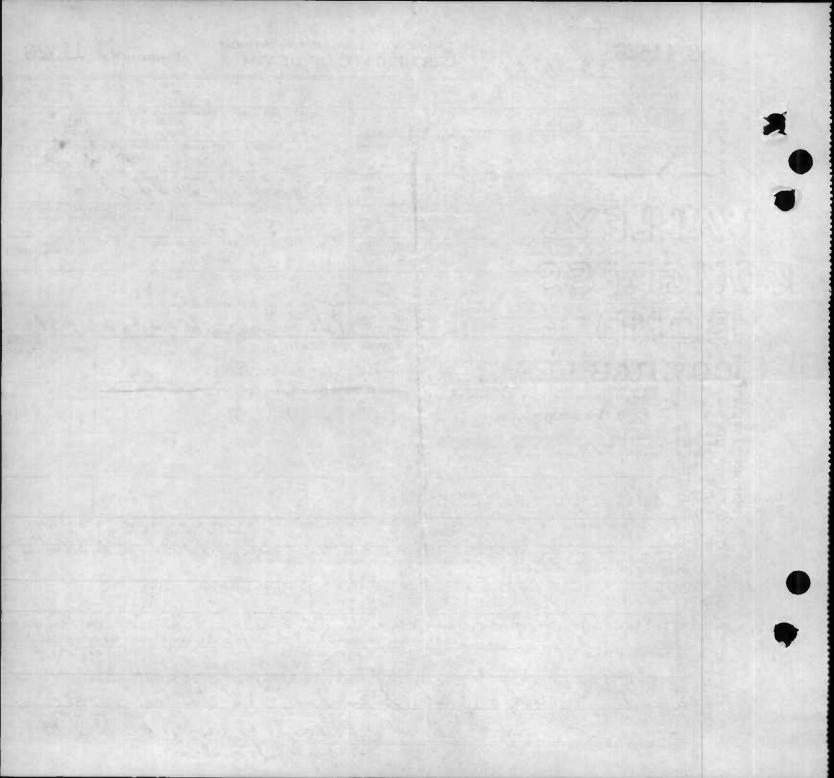
Registered No. 11524

The	BIRTH ND.	TE OF DEATH
	1. NAME DF DECEASED (Type or Print) Sona C. Can	2. DATE 12/27/53 P.M.
supplied	3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
e carefully su legibly.	B. FULL NAME OF (If not in hospital or institution, give street address location INSTITUTION)  Ohabel Gate	
efu	Yrs	D. STREET ADDRESS (If rural, give location)
car	c. Length of stay in Baltimore Day	s 60/ 11, Chapte var lane
should be	6. COLOR OR RACE 7. SHNGLE. MARRIED. WIDOWED, DIVORCED COM	8. DATE DF BIRTH 2/4/1883 9. AGE (In years last birthday) Months Days Hours Min.
n shor	10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  Own House	11. BIRTHPLACE (State or foreign country)  12. CITIZEN DF WHAT CDUNTRY?
ttio th	13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
NG rma deat	Friederick W. Mangold	Catherine (Unknown)
R BINDING em of information causes of death cle	(15. WAS DECEASED EVER IN U.S. ARMED FORCES)  (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	Male C. Sutton Cherry Gate Care
MARGIN RESERVED FOUNFADING INK. Every itc Physicians: please write the	DISEASE DR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT DELATED TO THE	ary thrombosis and orclusion  & arterioscleration and ise cardiovascular disease.
H.	DISEASE OR CONDITION CAUSING IT.  19a. DATE OF DPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF DEATH, ENTER IN
ILY, WITH	U ZIA. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY   about home, farm, factory, street, of   DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR DF INJURY	HILE
RITE PL is especia	deceased alive on 26 Nec. 1953, and that death occ	march, 1953, to 27 Dec, 1953, that I last saw the curred at 10 Pm., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  29 Dec 53
田 2		TERY OR CREMATORY 24D. LOCATION (Gity, town, or county) (State)
PLEAS correct	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS



M-500	BALTIMORE CITY HE		_	istered No.	11525			
3. PLACE OF DEATH:	ion M. Ma	4. USUAL RESIDE	2. DATE OF / DEATH	27/53 ed lived, If instit	tution: residence			
HOSPITAL OR	or institution, give street address or location)		Wel.	or te limbs, wri	before admission) ite RIMAM and give township)			
c. Length of stay in Baltimore	Yrs. Mos. Days 7. SINGLE, MARRIED.	o. STREET ADDRE	Gemela C	n years   If Under	F 1 Year   It Under 24 Hours			
Tamala White  10A. USUAL OCCUPATION (Give kind of work done by ing most of working life, even if retired)	WIDOWED, DIVORCED (Specify)	8/16/19	last bir	thday) Months	Days Hours Min.  CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME. Chas. Offo Was	Sma. Eo.	14. MOTHER'S MA	IDEN NAME	29.87				
15. WAS DECEASED EVER IN U. S. ARMED F (Yes.—y or unknown) (If yes, give war or dates of	SECURITY NO.	17. INFORMANT	asen Can	330ADDR	ESS INTERVAL BETWEEN			
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Z DISEASES OR CONDITIONS, IF A UNDERLYING CONDITION LAST	ANY, GIVING TATING THE DUE TO	itime.	of cer	seno				
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING I	LATEO TO THE							
U 21a. ACCIDENT WAS UNDERLYIN		(e. g., in or 21c. WHE	F OPERATION WAS INCAUSE OF DEATH. PART I OR PART II RE DID (If in Baltin	ENTER IN	20. AUTOPSY? YES NO Exact location)			
OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (1 OF INJURY		ED 21F. HOW	DID INJURY OCCI	JR?				
22. I hereby certify that I attendeceased alive on 1225	10 13, and that death occu	rred at 0 m.	3 to Dec 3, from the eauses	and on the d	hat I last saw th late stated above 3c. DATE SIGNED			
24A. BURIAL, CREMA 24B. DYTE BION, REMOVAL (Survey)	24c. NAME OF CEMETI	203 Bal ERY OR CREMATORY	Add. Location (	City, town, or c	1.			
DATE RECEIVED BY   REGISTRAR'S	SIGNATURE WAY	25. FUNERAL DIE	ME 1217 S	1. Paul	DDRESS			
10.100	390	73						

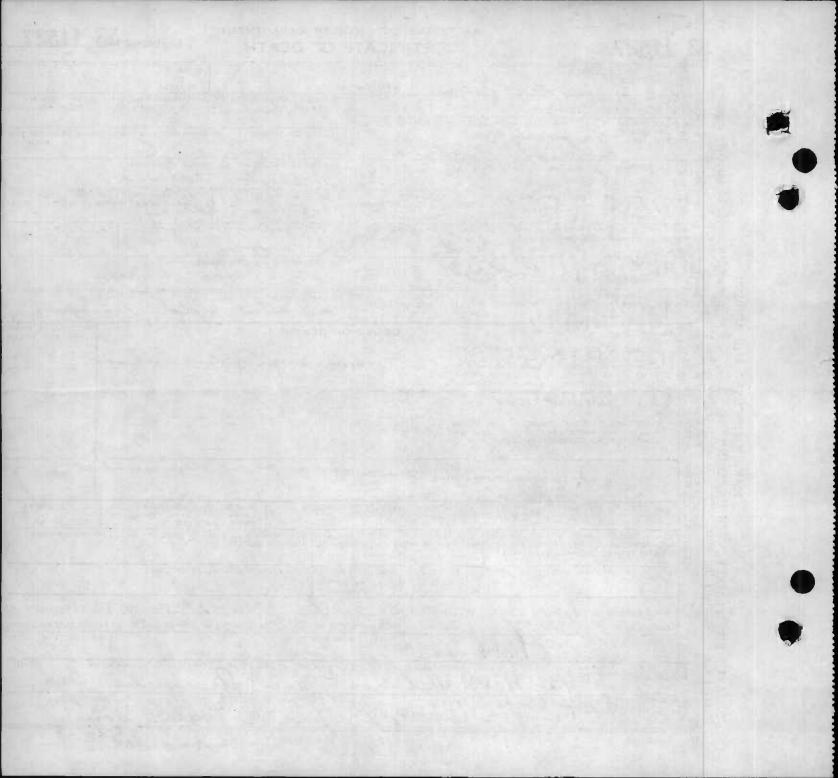




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	5 < 11528	TIMORE CITY HE
	1. NAME OF DECEASED (Type or Print)  W. Havy S. Cav  PLACE OF DEATH: Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)  B. FULL NAME OF (If not in hospital or institution)	
didis b	c. Length of stay in Baltimore  5. SEX, 6.COLOR OR RACE 7. SINGLE	23 == Yrs. Mos. Days
clearly and	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even lifretired)  Manager Stoker Dept.	of Business or INDUSTRY
of death	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of sherride)	16. SOCIAL SECURITY NO.
the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g	CAUSE

heart failure, asthenia, cte. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR

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218. PLAC

2

about home, far

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER.

deceased alive on 1208

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the d

248. DATE

12-31-1953

REGISTRAR'S SIGNATUR

Easter

26

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

#### CITY HEALTH DEPARTMENT FICATE OF DEATH

A. STATE

Marylano

Registered No.

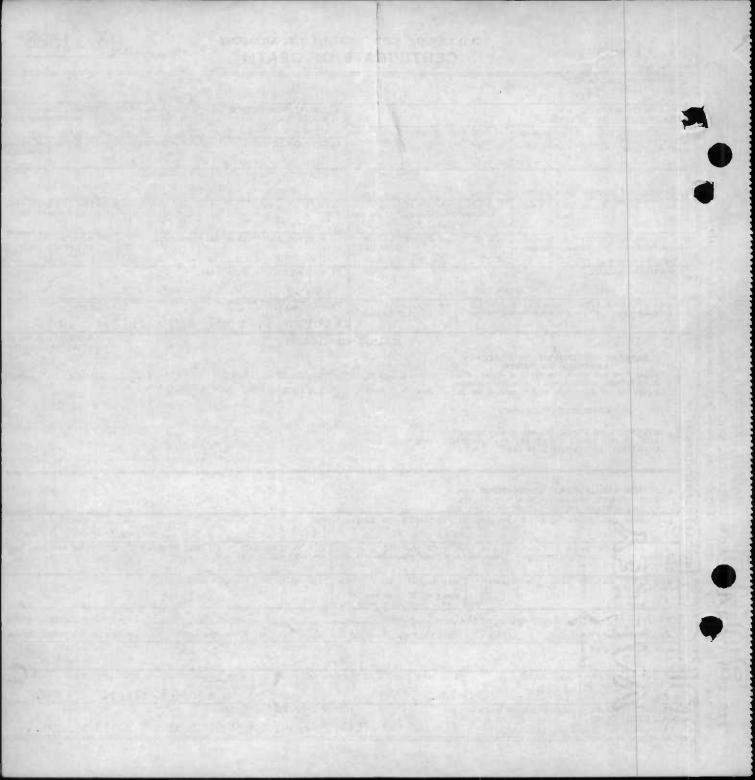
before admission)

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY

location)	C. CITY OR TOWN	(If outside corporate limit	write HURAL and give township)		
23 == Yrs.		SS (If rural, give location)			
Mos. Days	10 00	eliftould.			
MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   last hirthday) Mo	f Under 1 Year   If Under 24 Hours on this; Days Hours Min.		
vried,	7/4/80	73	Days Hours will.		
F BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Fuel	Pennsyl	vania	05,		
THE RELIGIONS	14. MOTHER'S MA	IDEN NAME			
	Sylvia	Steurns.			
16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
	Kathryn E.	Caryl 4305 Clis	fton Road		
CAUSE	OF DEATH		INTERVAL BETWEEN		
	(	11 0			
	noma of		LAPYOK: 13maz		
DUE TO WITH	generali:	zed metastasis			
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(B)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******		
DUE TO					
(C)	***************************************		******************************		
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INDINGS OF OPER		1 / / /	20. AUTOPSY?		
FOF INTURY ( a i		tasis. (generaline	YES NO A		
E OF INJURY (e.g., in or a, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)					
E. INJURY OCCURR	ED 215 HOW DID	INJURY OCCUR?			
	I TIE HOW DID	MOUNT OCCURT			
ILE AT NOT WHILE					
ILE AT NOT WHILE		15/5	-		
ILE AT NOT WHILE	7.8/ ,195	3, to 12/23 , 195	, that I last saw the		
ILE AT NOT WHILE	red ut/ m.	to 195, from the causes and on t	he date stated above.		
eceased from at that death occur	red ht/ m.	to 2, 195, from the causes and on the			
ILE AT NOT WHILE	205-10-10	to 192, from the causes and on to	he date stated above.  23c. DATE SIGNED		
eceased from at that death occur  M. D.  C. NAME OF CEMETE	205-10-10	24D. LOCATION (City, town,	he date stated above.  23c. DATE SIGNED  3.  or county) (State)		
eceased from dt that death occur	205-10-10	24b. LOCATION (City, town, Randalls town	he date stated above.  23c. DATE SIGNED  3.  or county) (State)		
eceased from ad that death occur  M.D.  C. NAME OF CEMETE  t. Olive	25. FUNERAL DIR	24b. LOCATION (City, town, Randalls town	he date stated above.  23c. DATE SIGNED  3. or county) (State)  ADDRESS		
eceased from ad that death occur  M.D.  C. NAME OF CEMETE  t. Olive	RY OR CREMATORY  25. FUNERAL DIR  G. HOWARD S	24b. LOCATION (City, town, Randallstown	he date stated above.  23c. DATE SIGNED  3. or county) (State)  ADDRESS		

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53 11529 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The 1. NAME OF DECEASED 2. DATE (Type or Print) Austin Lulay DEATH Dec. 27. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RU INSTITUTION So. Balto. Gen. Hosp. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1513 S. Charles St. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. Male white single should early an 11. BIRTHPLACE (State or foreign country) 10A. USDAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR work done dering most of working life even if retired) INDUSTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, neor unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ne or unknown) SECURITY NO. 170 Every item of i CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Subdural hemorrhage left. (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease. BUE TO injury or complication which caused death.) ANTECEDENT CAUSES (B) Massive cerebral edema due to INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING xxxx hypoxia of brain que to ligature RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (c) Suspension RTIFIC OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH important, 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING M OR CONTRIB. TING TO CAUSE OF DEATH. 1513 S. Charles St. PLAINLY, 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY P.M. WHILE AT Hanged self with rope WORK AT WORK especially Autopsy 22. I certify that I took charge of the remains described above, held an \_ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, WRITE and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 1/2 23B. CHIEF MEDICAL EXAMINER ..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... age MEDICAL INVESTIGATOR PLEASE correct ag 24A. BURIAL CREMA-TION, REMOVAL Specify) 248 DA 24c. NAME OF CEMETERY DR CREMATORY | 24d. LOCATION (City, town, or county)

before admission)

AL and give

If Under 24 Homs

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

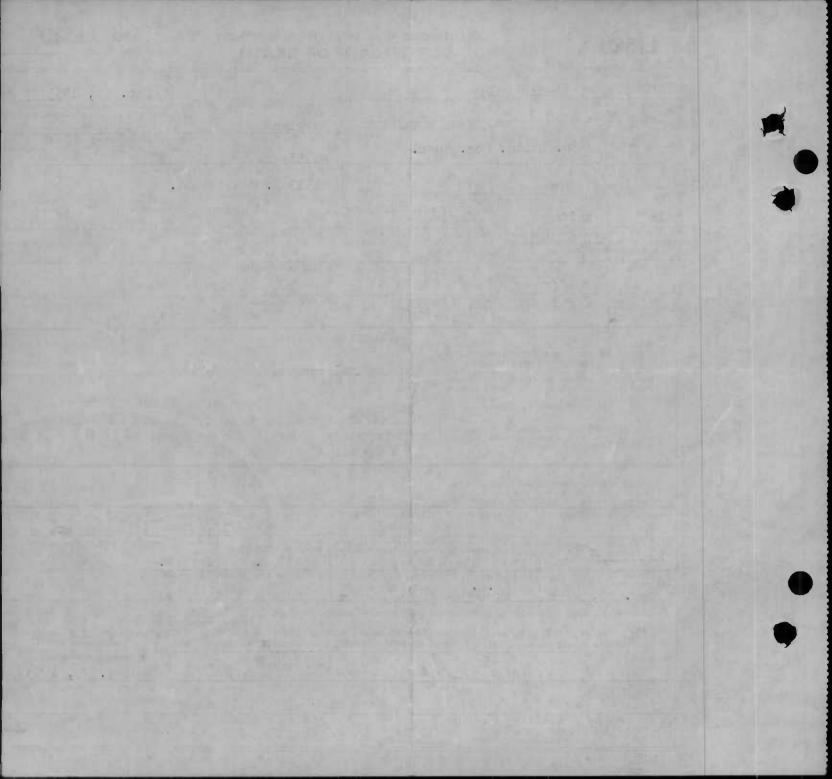
thereon and from;

NO

12. CITIZEN OF

township)

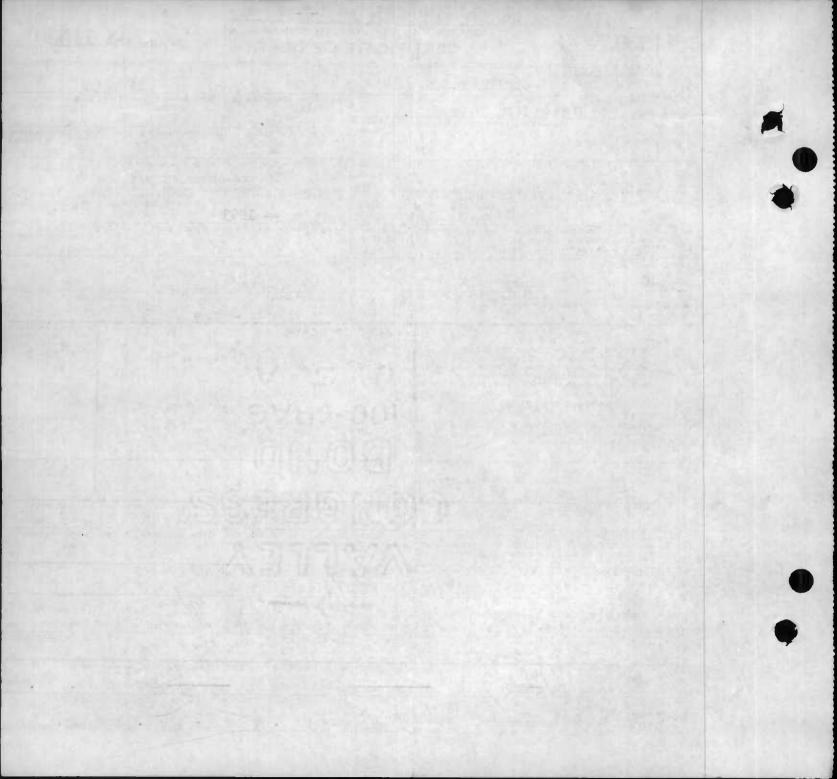
3 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR " lughor



C-200 CERTIFICATE CORRECTED 1-7-54

1. NAME OF (Type or Print)		CERTIFICATI	TE OF DEATH Registered No. 11000				
(13 pc of 2 inte)		EMITH S. CAGE		2. DATE OF DEATH I2	2/27/53		
	City, Maryland I5	20 Jackson St.	A. STATE	DENCE (Where deceased lived B. COUNTY	L If institution : residence		
B. FULL NAMI HOSPITAL OF INSTITUTION		tal or institution, give street address of location)	c. CITY OR TOV		mits, Write BUBAL and glv.		
T 17 6		Yrs. Mos.	D. STREET ADD	RESS (If rural, give location) 20 Jackson Street			
5. <b>S</b> EX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIR	TH 9. AGE (In years last birthday)			
ork dooe during mo	CCUPATION (Give kind of stof working life, even if retired)	INDUSTRY		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Cond 13. FATHER'S	Property of the same of	B & O R.R.	Maryland 14. MOTHER'S MAIDEN NAME				
Yes, no or uokoow	Henr SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?   16. SOCIAL	Ada Wil		ADDRESS		
	No   CAUSE			ly - Same	INTERVAL BETWEEN		
heart fai	LEADING TO DEA es not mean the mode lure, asthenia, etc. It men or complication which	of dying. e. g., (A)	nogo	2 0	77.7.3		
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UNDER UNDER OTHER S TO TH	THE ABOVE CAUSE (A) LYING CONDITION L  II IGNIFICANT CONOITIONS E DEATH BUT NOT	CONTRIBUTING  CONTRIBUTING  CONTRIBUTING	a may	on I for	cho		
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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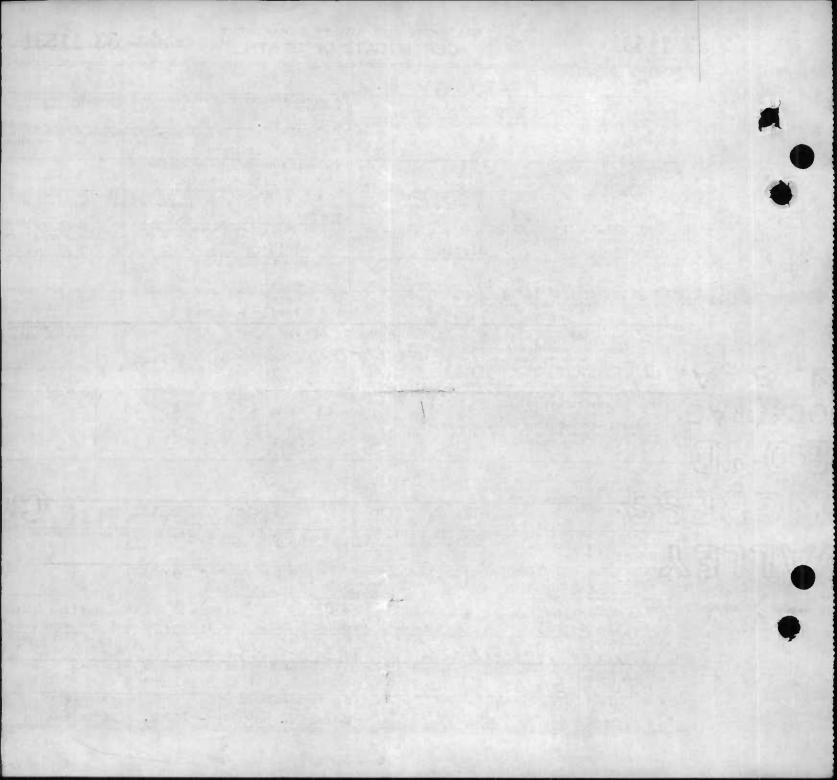
	LLOOJ			CERTIFICA						
	NAME OF D		DWARD 3	J. RABB SR.				OF I	2/28/53	
	Baltimore (	EATH: City, Maryland 18	39 Ligh	nt Street	4. USU A. STAT		CE (Where	deceased lived. B. COUNTY	If institution: befor	residence e admission
HO	SPITAL OR	OF (If not in hospita	l or institut	ion, give street address location		OR TOWN	(If outside	de corporate lir	nds, write RUF	AL and giv township
G.	Length of s	tay in Baltimore		Yr Mo Da	в.	EET ADDRES				
	SEX	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED, DIVORCED (Spec	ify)	E OF BIRTH	9. 4	and the same of th	H Under   Year Months Days	H Under 24 Hours Hours Min.
	M	W		M	10/20	7/99 THPLACE (Sta	A	54	12. CITIZE	
10) vork	done during most	CUPATION (Givekind of of working life, even if retired)		O OF BUSINESS OR INDUST lines	RY	altimore	ite or toreign	country)	WHAT	COUNTRY
13.	FATHER'S				14. MOTHER'S MAIDEN NAME					
Ħ		Benj	amin		An	na Zang				
15 (Yes	WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO	17. INF	ORMANT			ADDRESS	
`	Yes	Army				Family	- Same			
FICATION	RISE TO	ANTECEDENT CAUS S OR CONDITIONS, IF	ANY, GIVING TI		Jevi	iosele	100		/	
CERTIFI	L DISEASE OF CONDITION CAUSING IT				you	and	M			*************
١	19A. DATE		AS PERFC		0	CA PA	USE OF D	WAS RELATED EATH, ENTER ART II	IN YES	NO D
EDICA	OR CONTRI	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	B. PLACE OF INJUR home, farm, factory, atreet, c	(e.g., in or ffice bldg., etc.)	21c. WHERE	DID (If in	Baltimore Ci	ty, give exact	location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	WHILE AT NOT WORK	RRED WHILE	21F. HOW D	אחרמו סו	OCCUR?		
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	deceased of	TURE COL	195 /	and that death of	23B. ADD	RESS S	Clear	6,81	12/20	TE SIGNE
24 TIC	N. REMOVAL	CREMA- Specify) 246. DATE I2/3I/5	3	Glen Haven	TÉRY OR CI	REMATORY		rion (City, to timore	wn, or county)	(State
	TE RECEIVE	D BY   REGISTRAR			25. FUI	NERAL DIRE	CTOR		ADDRESS	3
LC	CAL REGIS	TRAR	1.	IAFERA	4.8	T 36-C	2.2	TEO TO T		

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A Williams L. McCully - 130 E. Fort Avenue

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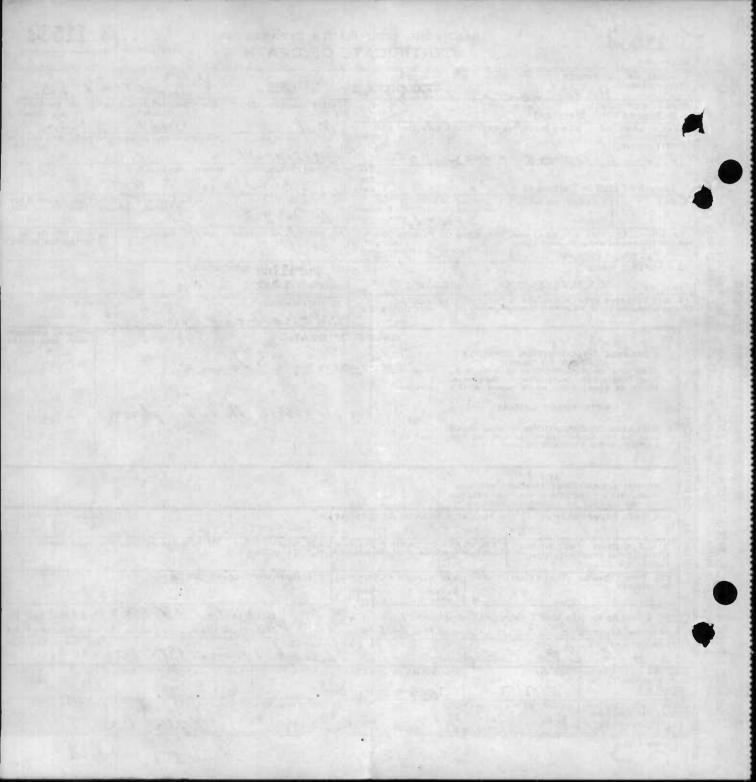


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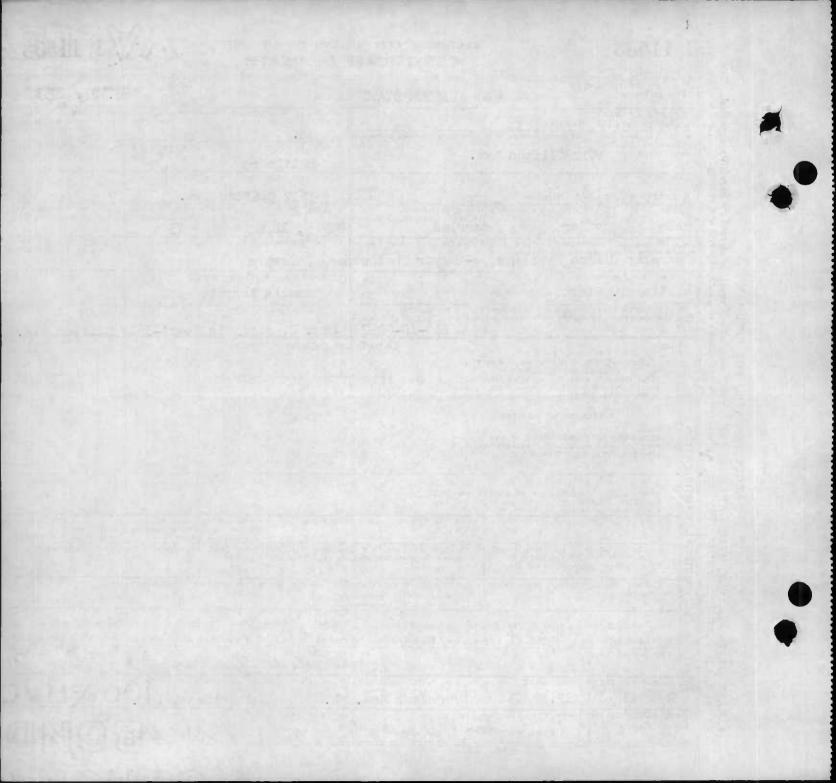


The	3 B1	1 1 : /: ): )	E OF DEATH	Registered No.	3 11533	
ld be carefully supplied.	1.	NAME OF DECEASED Type or Print)  JOHN ALLISON START	2. DATE OF DEATH Dec.	27, 1953		
	B. Ho	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o location and location are location as a location are location are location are location as a location are location are location as a location are location are location as a location are location	A. STATE Md. C. CITY OR TOWN Baltimore	(Where deceased lived. If ins B. COUNTY	hefore admission	
	c.	Yrs. Mos. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 3512 Clifton Ave.			
	5.	.SEX 6.COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify married	8. DATE OF BIRTH	9. AGE (In years If Um	der I Year Hunder 24 Hours Days Hours Min	
on shou	W DF.	DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRED AND A MOYER THAT THE MENT OF BUSINESS OR INDUSTRED AND A MOYER THAT THE MENT OF THAT HE MENT OF THE MENT	11. BIRTHPLACE (State of the control		2. CITIZEN OF WHAT COUNTRY	
matic		3. FATHER'S NAME /illiam B. Start	14. MOTHER'S MAIDEN NAME Amelia Parrott			
of information uses of death cl	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  on no or unknown) (If yee, give war or dates of service)  16. SOCIAL  SECURITY NO.  216-10-0252	17. INFORMANT		RESS	
WRITE PLAINLY, WITH UNFADING INK. Every item ge is especially important. Physicians: please write the cau	EDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTAGE OR CONDITION CAUSING IT			INTERVAL BETWEELDNSET AND DEATH	
		194. DATE OF OPERATION 198, CONDITION FOR WHICH C	CAUSE PART (e. g., in nr 21c, WHERE DI	ERATION WAS RELATED TO DE DEATH, ENTER IN I DR PART II D (If in Baltimore City, gi	20. AUTOPSY?  YES ND  ve exact location)	
	MEC		RED 21F. HOW DID	INJURY OCCUR?	,	
	2. TI	22. I hereby certify that I attended the deceased from deceased alive on 23A, 1953, and that death occurrence with the deceased from m. D.  23A. SIGNATURE  23A. SURIAL CREMA- 24B. DATE  10N. REMOVAL (Specify) 12.30/53 Gracelawn Mem.	238. ADDRESS 4408 dech Pag ERY OR CREMATORY 240	m the causes and on the	Des V8, 190	
PLEASE correct a	D	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTO		ADDRESS	

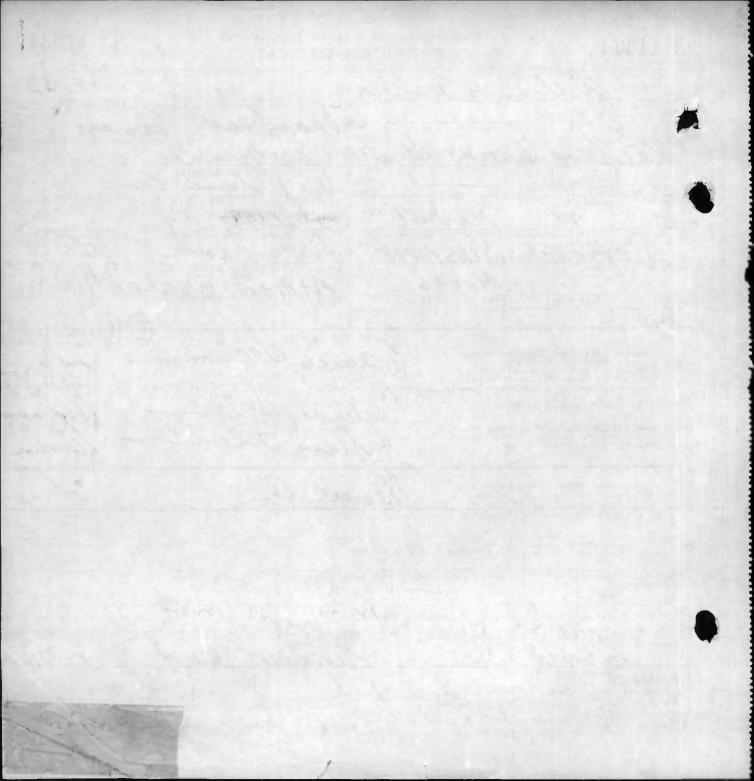
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		A					
		M-620					
	53	115 (1	TE OF DEATH Registered No. 11	534			
		RTH NO.					
	(T	pe or Print) William H. Myers	2. DATE OF DEATH	13			
	3.	PLACE OF DEATH: Baltimore City, Maryland	A JUSUAL RESIDENCE (Where deceased lived, If institution: A. FATE B. COUNTY before	: residence ore admission)			
1	HL	FULL NAME OF (If not in hospital or institution, give street address SP)TAL OR location		That I for			
	IN	SPITAL OR STRUCTION QUELLE STRUCTOR	C. CITY OR TOWN (If outside corporate limits, write RU	township)			
2101	7	Yrs. Mos					
	1	Length of stay in Baltimore Day	s stone cent	I Mall de Od III-ma			
5		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WOOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years last birthday) Months: Days 7.9	Hours Min.			
air	10 work	A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR done during most of working life, even if religied)	F1. BIRTHPLACE (State for foreign country) 12 CITY	ON OF COUNTRY			
7		HETINED NEWSPAPER	Jumy and ws				
CCPOT	13	FATHER'S NAME	MARIAN FUER HART				
n 76	15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT				
200	(10	bo or unknown) (If yes, give war or dates of service) SECURITY NO.					
can		18. 420.1 1 CAUSE	OF DEATH	AND DEATH			
2110		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
2		heart failure, asthonia, etc. It moans the disease,					
M		ANTECEDENT CAUSES	0 100.	1			
asc	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	eady seem. My	Man			
bre	TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	To theor	1.			
. 2777	ICA	(C)		4un			
STORE	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	>	R			
7 44 4	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mour	cays.			
•	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION					
1	EDIC	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, g about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
241	MEI						
2 44		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE					
		m.   work   AT WORK					
		22. I hereby certify that I attended the deceased from I deceased alive on I - > 9, 19, 3, and that death occ	urned of 754 m., from the causes and on the date st	ast saw the			
2		23A. SIGNATORE		TE SIGNED			
9 9 9		A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CHEMATORY   24D. LOCATION (City, town, or county)	(State)			
2	TIC	N. REMOVAL Specify]	uh Canoll lo. Md	,,			
110	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	5			
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		VS 150		CET TO			



N803.2

December 29, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) If Under 1 Year If Under 24 Hours 9. AGE (in years) last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Kannapolis, N. C. INTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) Pratt St. near Commerce St. 21F. HOW DID INJURY OCCUR! Apparently struck by

23c. DATE SIGNED

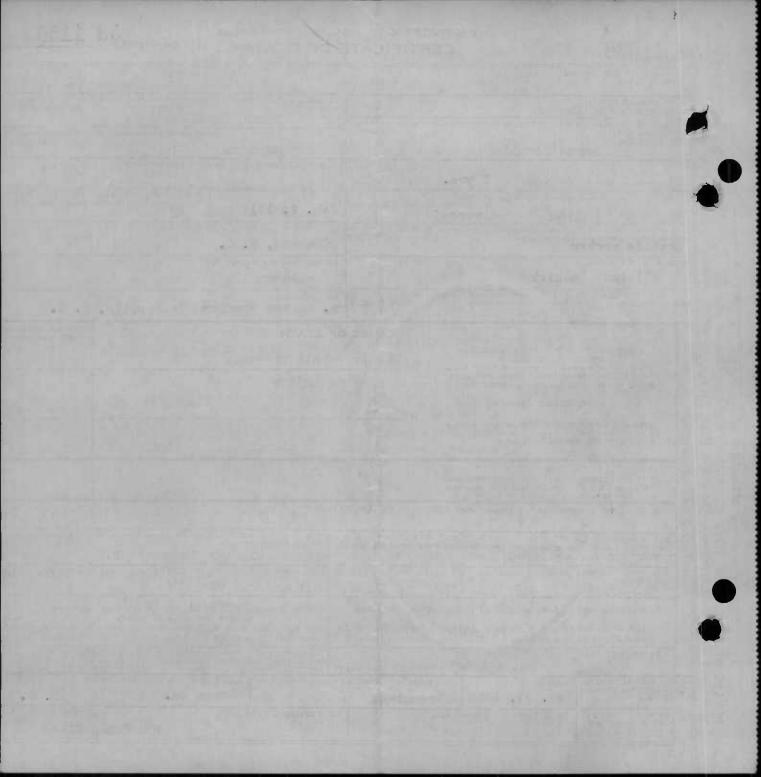
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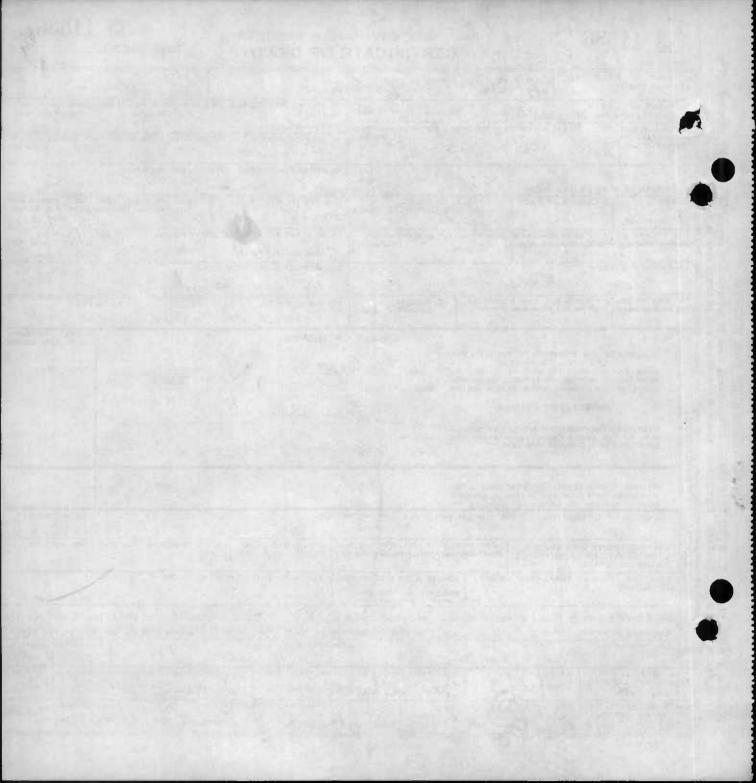
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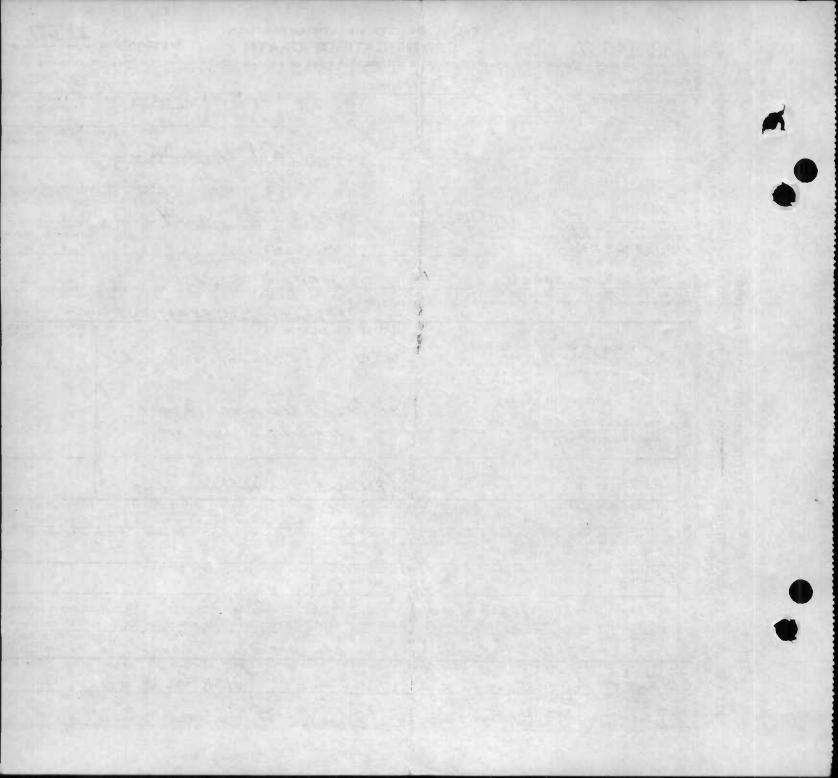




BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	

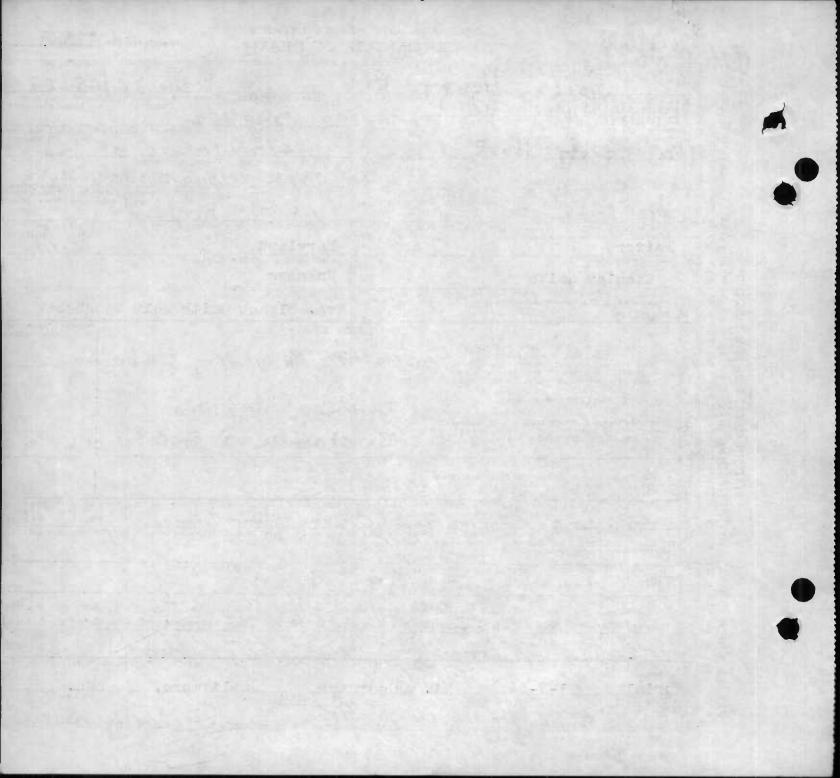
Registered No. 11537

The	1.	NAME OF D	ECEASED		Stevens	)		2. DATE OF	12/2	8/53
plied	3.	(Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland						DEATH E (Where deceased li-	ved. If institut	tion : residence before admission)
should be carefully supplied, sarly and legibly.	B. HO	FULL NAME DSPITAL OR STITUTION		l or institut	tion, give street address locati	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MA. YOR TOWN Baltim	(If outside corporat		
caref	c.	Length of s	tay in Baltimore		Y: M: D:		1802 L	Alf rural, give location	Pl.	
and be		SEX	6.COLOR OR/RACE	7. SINGL WIDOV	E, MARRIED, VED, DIVDRCED (Spe	8. DA		9. AGE (In ye last birthda	ars If Under 1 Y y) Months D	feat   If Under 24 Hours Days   Hours   Min.
9	worl		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS DR	TRY 11. BI		or foreign country)		ITIZEN OF
IDING information of death cl		FATHER'S	HRHS FOR				OTHER'S MAIDE	N NAME		
BINDING of inform uses of dec	15		ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO	17. IN	FORMANT	Cacera	ADDRES	SS PA
		18. 42 2	2,1		CAUS	E OF DE	EATH	CASEY		TERVAL BETWEEN
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the ca	rification	heart failt injury or DISEASE RISE TO T UNDERL	LEADING TO DEAT s not mean the mode of the author of the complication which of the complication which of the complication which of the complication which of the complication of the compl	f dying, e. ms the diseas aused death	NG DUE TO	teris. Vas	selerah culas	ie Carli Dinane	,-	
MA UNF/ Physic	CERT	TO THE	DEATH BUT NOT I	RELATED TO	O THE CER	ebral	Thrones	lasis - sl	1	O. AUTOPSY?
H	AL	19A. DATE C		AS PERFO	TION FOR WHICH	OPERATIO	PAR	PERATION WAS RELA SE OF DEATH, EN TIOR PARTII	TER IN YE	ES NO
ILY, WITH important.	IEDIC	OR CONTRI	ENT WAS UNDERLYI BUTING CAUSE OF FIFY MEDICAL EXAMINE	about	B. PLACE OF INJUR home, farm, factory, street,			OID (If in Baitimore R?	e City, give e	xact location)
	2	21d. TIME OF INJURY	(Month) (Day) (Year)	(Hour)		RRED WHILE	21F. HOW DID	INJURY OCCUR?		
TE PLAIN especially		deceased a		ended the	deceased from and that death o			om the causes and	d on the dat	
RI is		23A, SIGNA	J.W.	6lg	24C NAME OF CEM	LILL LILL	iverset	LOCATION OF Its	1. 12	DATE SIGNED  2 / 2 / 63  (State)
PLEASE W	2	4A. BURIAL, ON., REMOVAL (S HIPMEN	T Nec 30	5/53	ELMWO	OD		YORFOLK	VA.	
PLE		EC301		SSIGNAT	Williams, A	Que	tin Ex	bnown -	3818 10	Cand
		VS 150	10.6	0	s4n	13-11-5				we.

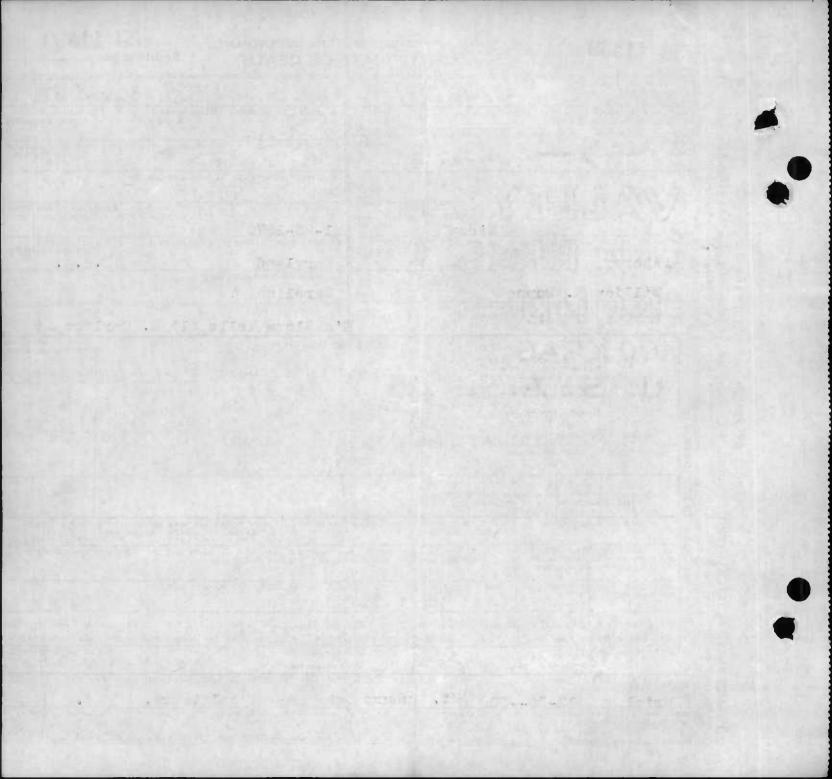


The	7 44578	IEALTH DEPARTMENT Registered No. 11538		
	1. NAME OF DECEASED the Henry C  3. PLACE OF DEATH:	2. DATE OF DEATH 12 29/53  4. USUAL RESIDENCE (Where deceased lived, If institution: residence		
should be carefully supplied.	a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION)  HOSPITAL  HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give BA/timove Swnship)		
d be care	C. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE. MARRIED WIDOWED, DIVORCED (Specific Married Marri	8. DATE OF BIRTH 19. AGE (In years) If Under 14 Hours		
VDING information shoul s of death clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Waiter  13. FATHER'S NAME	Marvland USA		
ING format f death	Stanlev Smith  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	14. MOTHER'S MAIDEN NAME Unknown  17. INFORMANT ADDRESS		
BID of uses	(Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.  18. / 5. *  CAUSE	Mrs. Blanch Smith 2412 Woodbrook  OF DEATH		
FO it the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Ple Pulminary embolte		
RESER'INK.	DISEASES OR CONDITIONS, IF ANY, GIVING	ombo Phlebitis -ciroma of Heratic Flexture		
MARGIN UNFADING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
, WITH	198. CONDITION FOR WHICH C	CAUSE OF DEATH, ENTER IN YES NO NO (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)		
AIN	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY	RK .		
RITE P	22. I hereby certify that I attended the deceased from deceased alive on 12/28, 19 3 and that death occurs.  23A. SIGNATURE  M. D.	12/22, 195, to 12/29, 1957 that I last saw the arred at 6 Am., from the causes and on the date stated above.  238. ADDRESS    23G. DATE SIGNED   12/29/55		
PLEASE W	24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	4		
Н 9	DEC 3010571 untington Ville Balle, My	W. trances a Heresly widdle		

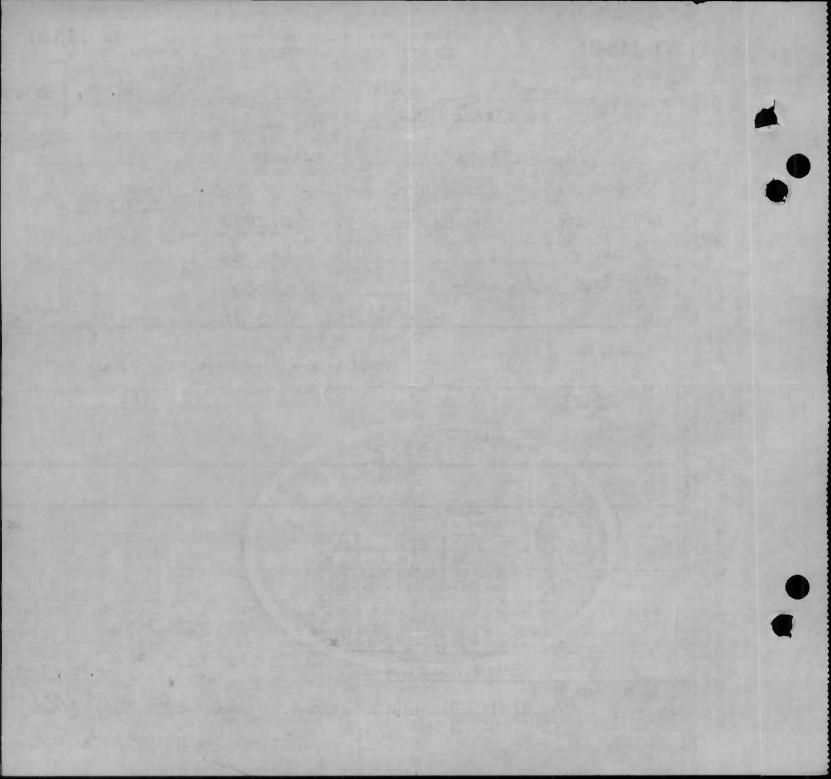
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e	7	53 115	39	ВА	LTIMORE CITY I			53 Registered	3 11539 No
Th	1.	NAME OF D	ECEASED H	Dow		7 2 01 227		2. DATE OF / V	41-53
should be carefully supplied.	B. HIC	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				or MARYL	AND	B. COUNTY	f institution; residence before admission)
e carefully.	3	NIKER		OSPIT.	A L Yrs Mos	BAL7 D. STREET AD	DRESS (If ru	2 4	3 - O township)
ald be ca	5.	SEX 1	tay in Baltimore	Wide	Day _E. MARRIED. WED, DIVORCED (Speci	8. DATE OF BI	RTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours fonths Days Hours Min.
tion sho	worl	Labore Labore	CUPATION (Give kind of working life, even if retire T NAME	of 10B. KIN	ID OF BUSINESS OR INDUSTR	Marylar 14. MOTHER'S	nd		12. CITIZEN OF WHAT COUNTRY? U.S.A.
BINDING of information should be uses of death clearly and	William H. Downs  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				Caroline ?  17. INFORMANT  ADDRESS  N's F16ra Wells 511 N. Carlton St				
RESERVED FOR INK. Every item please write the car	ATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DE re, asthenia, etc. It m complication which ANTECEDENT CA SOR CONDITIONS HE ABOVE CAUSE (A VING CONDITION)	ATH of dying, e. ceans the dises caused dead USES IF ANY, GIV. A) STATING 1	g., (A) ER	OF DEATH	CULAR	Acciden	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADINC Physicians:	CERTIFICA	TO THE	II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSI	RELATED 1		•			
ILY, WITH important.	DICAL	21A. ACCIDI	ENT WAS UNDERL	WAS PERF	DITION FOR WHICH ORMED  B. PLACE OF INJURY t borne, farm, factory, street, off	(e. g., in or 21c. W	CAUSE OF PART I OR		
LAINLY,	ME	DEATH (NOT	Month) (Day) (Yes	NER)	21E. INJURY OCCUR	RED 21F. HC	חראו מום Mc	RY OCCUR?	
		22. I hereb deceased a	live on 12-27	ttended th	e deceased from Le	2-27 21	950, to /- m., from the	2-27, 19se causes and on	that I last saw the the date stated above.
PLEASE WRITE PI correct age is especi	TIC	4a. BURIAL. (S DN. REMOVAL (S Burial ATE RECEIVE	CREMA- 24B. DATE pecify) 12-30-		M. D. 24c. NAME OF CEME Mt. Auburn URE	CERY OR CREMATO	Bal	cation (City, tow	12-27-53
F 60		VS 150	HAR HADD	gten	Williamar, N	Myolinia 3 3 9 9	ser ai	Heusley	Nelle #

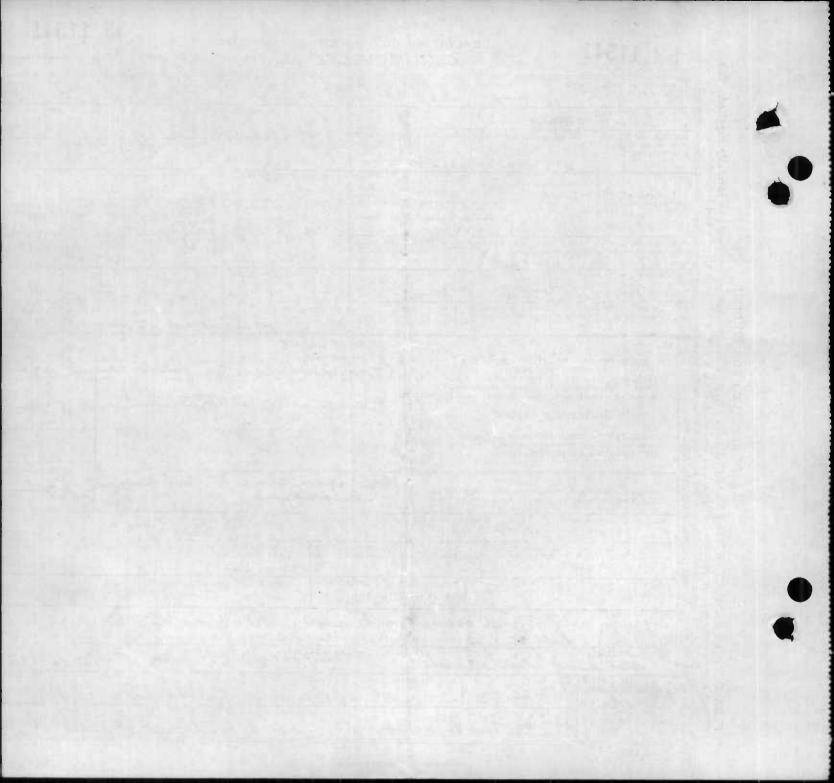


53 11540 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTME CERTIFICATE OF DEATH	Registered No. 11540
1. NAME OF DECEASED (Type or Print)  Leon	Bevis	2. DATE OF DEATH Dec. 27, 1953
S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (not in hospital)	al or institution, give street address or Maryland	CE (Where deceased lived, If institution: residence B. COUNTY before admission
HOSPITAL OR INSTITUTION Mercy	Hoop. C. CITY OR TOWN Bautimore	(If outside corporate limits, write RURAL and give township
c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS	
5. SEX 6. COLOR OR RACE white	7. SINGLE, MAKRIED, WIDOWED, DYORCED (Specify)  March 21-189	9. AGE (In years It Under I Year It Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		e or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDE	NAME
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	of service)  16. SOCIAL SECURITY NO. 400-07-7430  17. INFORMANT Muxtle M. J.	ADDRESS Circle
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complicati	TH of dying, e.g., ins the disease, caused death.)  DUE TO  GES  (B)  (B)	diovascular disease
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	
	9B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
111 01110 11 01001		
E 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED 21F. HOW DID IN  MHILE AT NOT WHILE AT WORK AT WORK	JURY OCCUR?
2 ID. TIME (Month) (Day) (Year) OF INJURY  22. I certify that I took char	m. WHILE AT NOT WHILE AT WORK  Tye of the remains described above, held an Inst.	pection & Inquiry thereon and from
2 ID. TIME (Month) (Day) (Year) OF INJURY  22. I certify that I took char the evidence obtained by	while at work	Dection & Inquiry thereon and from opsy, Inspection or Inquiry id deceased died on the day stated above icide , homicide , undetermined
21D. TIME (Month) (Day) (Year) OF INJURY  22. I certify that I took char the evidence obtained by and death in my opinion 23A. SIGNATURE	while at Not while Not while Not while Not work  Type of the remains described above, held an Instruction of Inquiry, find that sa resulted from: natural eauses , accident , suit Not Not Not Not Not Not Not Not Not No	Dection & Inquiry thereon and from ppsy, Inspection or Inquiry id deceased died on the day stated above cide, homicide, undetermined  CAL EXAMINER
21D. TIME (Month) (Day) (Year) OF INJURY  22. I certify that I took char the evidence obtained by and death in my opinion	m. WHILE AT NOT WHILE AT WORK  Type of the remains described above, held an Instruction or Inquiry, find that sa resulted from: natural causes and accident accident ASSISTANT MEDICAL INVEST  24C. NAME OF CEMETERY OR CREMATORY  1953 New National Cause  1954 New National Cause  1955 New National C	Dection & Inquiry thereon and from opsy, Inspection or Inquiry in deceased died on the day stated above icide , homicide , undetermined .  CAL EXAMINER



## BALTIMORE CITY HEALTH DEPARTMENT

		HEALTH DEPARTMENT
The	BIRTH NO.	ATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) Sloval W Cove	ngton   2. DATE OF DEATH Lee 28-1953
pplie	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY Descripte admission)
ly su	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locat	
efully oly.	My 4449 ha Clata are	rs. D. STREET ADDRESS (If rural, give location)
car	c. Length of stay in Baltimore D	los. ays
uld be	5. SEX  6. COLOR OF RACE  7. SINGLE, MARRIED.  WIDOWED DIVORCED (8)	8. DATE OF BIRTH  9. AGE (In years last birthday) Months Days Hours Min.  73
on should be carefully supplied. clearly and legibly.	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF verk dooe during most of working life, even if retired)  INDUS	
atic	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY N	o. 17. INFORMANT ADDRESS and
=	4200	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
FO the	'DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Menoclester Heart Driver 2 year
RESERVED INK. Ever please write	injury or complication which caused death.) DUE TO	eneralized arteriochers 5 grans
RESEI INK.	Z DISEASES OR CONDITIONS, IF ANY, GIVING	0
N RJ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MARGIN NFADIN nysicians:	other significant conditions Contributing	enia clue o artenoulite 2 years
MARGIN I UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	puriops
led	198. CONDITION FOR WHICH	CAUSE OF DEATH, ENTER IN PART I OR PART II
ILY, WITH important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUF OR CONTRIBUTING CAUSE OF about home, farm, factory, street, DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or of common and common
PLAINLY,		URRED 21F, HOW DID INJURY OCCUR?
PL/ ecial	22. I hereby certify that I attended the deceased from	Occad, 1953, to Dec 28, 1953, that I last saw the
RITE is esp	deceased alive on Der 28, 1953, and that death o	ccurred at 10 m., from the causes and on the date stated above.
	florand Wallenstein M.D	848 W 36 tox Dec 29/53
SE	24C. BURIAL. CREMA- 2AB. DATE 24C. NAME OF CEM	METERY OF CREMATORY 240. LOCATION (City, town, or county) (State)
PLEASE W	DATE RECEIVED BY REGISTRAR'S SIGNATURE'	28. FUNERAL DIRECTOR ADDRESS
	DEP 2 LIGHT LIMMAN & LEWISON S.	1 m Coth Inc - 1217 St Vaux ST



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ristered No.	

	3 115	42	ВА	LTIMORE CITY H			Registere	3 1	154	2
81	RTH NO.			CERTIFICAT	E OF DEA	AIH	Registere	u 110		
1.	NAME OF D		le, Thom	as			2. DATE OF DEATH 12	2.29.	53	
A.		EATH: City, Maryland	Baltimor	e, Maryland	A. STATE		Where deceased lived B. COUNTY			sidence admission)
H	SPITAL OR STITUTION			tion, give street address o location		OWN (If	Baltimo:		te RURA	L and give
4	0	St. Agn	es Hospi	Yrs.	D. STREET AL		rural, give location	10.	-0	
c.	Length of s	tay in Baltimore	76 Yr	Mos. Days	180 S.	Kossuth	Street #23			
	sex Male	6. COLOR OR RAC	7. SINGL	E, MARRIED. NED, DIVORCED (Specify ed	3-1 -48	77	9. AGE (In years last birthday)	If Under 1 Months	Year Ho	Under 24 Hours ours Min.
10 work	A. USUAL OC	CUPATION (Give kin of working life, even if retin	dofi 108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA			1 12. 0	ITIZEN	
13	. FATHER'S N	NAME	TELICIAL	MAIT BONE	Maryland		AME		0 0	
	Thos	. J. 9.6	enville	E	不	ate 7	anka			
	, no or unknown)	ED EVER IN U. S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	My San	len Pa	MAT	ADDRE	SS	
RTIFICATION	(This does heart failu injury or DISEASE: RISE TO T	E OR CONDITION LEADING TO DO I not mean the mote re, asthenia, etc. It is complication which ANTECEDENT CA S OR CONDITIONS HE ABOVE CAUSE OF VING CONDITION	EATH de of dying, e. means the disea h caused deat AUSES S, IF ANY, GIVI (A) STATING T	g., (A)	til Cer	rboni				
lul	TO THE	II SNIFICANT CONDITION DEATH BUT NO OR CONDITION CAUS	T RELATED T		•		••••			
AL C	19A. DATE O	F OPERATION	198. COND WAS PERFO	TION FOR WHICH O		PART I	TION WAS RELATED DE DEATH, ENTER	RIN	es	NO 🗌
EDIC	OR CONTRIE	ENT WAS UNDER BUTING CAUSE	OF show	B. PLACE OF INJURY thome, form, factory, street, office		HERE DID	(If in Baltimore C	ity, give	exact lo	cation)
Σ	2 1D. TIME OF INJURY	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURE WHILE AT NOT WH WORK AT WO	ILE	OW DID IN.	JURY OCCUR?			
		live on All	attended the	e deceased from and that death occu	C.17 ,	19 57 to d m., from t	he causes and o	n the do	ite stat	t saw the
24	X	mon	uml	M. D.	ERFORCREMAT	MILE PRY 240. L	OCATION (City, to	own, or co	unty)	7,33 (State)
TIT	IA. BURIAL	Specify) /2/3	1/53	doude	u Pank		Basto	m	d.	
	ATE-RECEIVE		AR'S SIGNAT	URE	25. FUNERAL		la la C	7	DRESS	124

The Carlo Country to Linday Harata Sila P. CAN STANK DRIBERT R CEL TO Direction (1982)

The

Y	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT  E OF DEATH  Registered No. 11543
	1. NAME OF DECEASED (Type or Print)  GEORGE  PARSHA	ALL   2. DATE OF DECEMber 29, 195
1	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and set township
	Maryland General Hospital	Baltimore O
	c. Length of stay in Baltimore Days	2517 Brookfield Avenue
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years of Under 1 Year last birthday)  Norths: Days Hours Mi
	10A, USUAL OCCUPATION (Give kind of work/done during most of work/done during most of working life, even if retired)	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
ĺ	13. FATHER'S NAME Roley & Parshall	14. MOTHER'S MAIDEN NAME PORTS MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AGDRESS Much a of Menga a Wil Brook had
	DISEASE OR CONDITION DIRECTLY	of DEATH INTERVAL BETWE ONSET AND DEA
	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	
-	198. MAJOR FINDINGS OF OPER	20. AUTOPSY? YES X NO
	21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB. about home, farm, factory, street, office bldg., of UTING L CAUSE OF DEATH. Home (outside)	2517 Brookfield Avenue
	210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURR OF INJURY Dec. 29, 1953 4:00 Apr. WHILE AT WORK AT WORK	moisoning - Hose from exhaust nine went
	23A. SIGNATURE M	238. CHIEF MEDICAL EXAMINER

DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE

968:01

V S 151

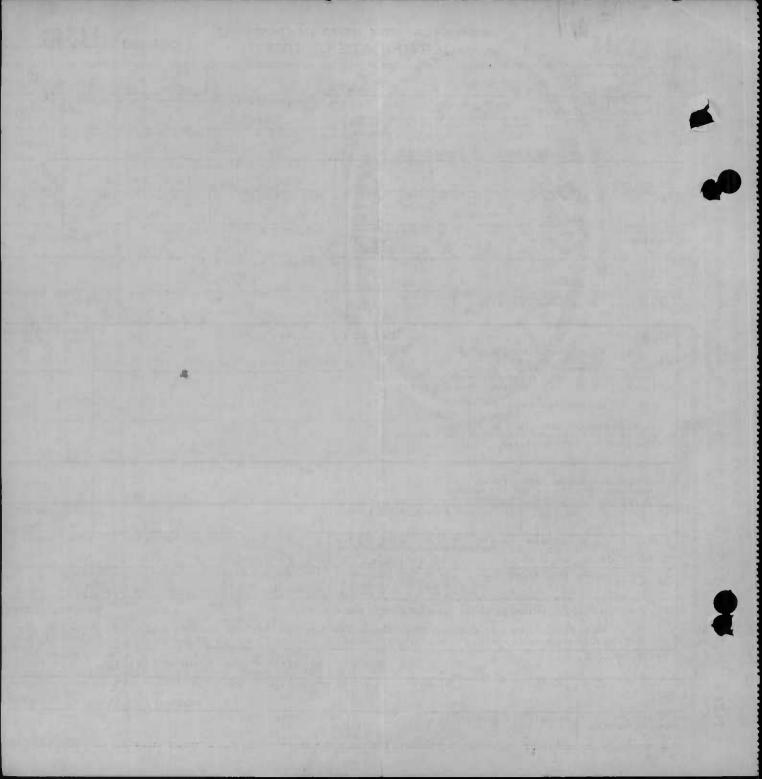
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(m) ) ?

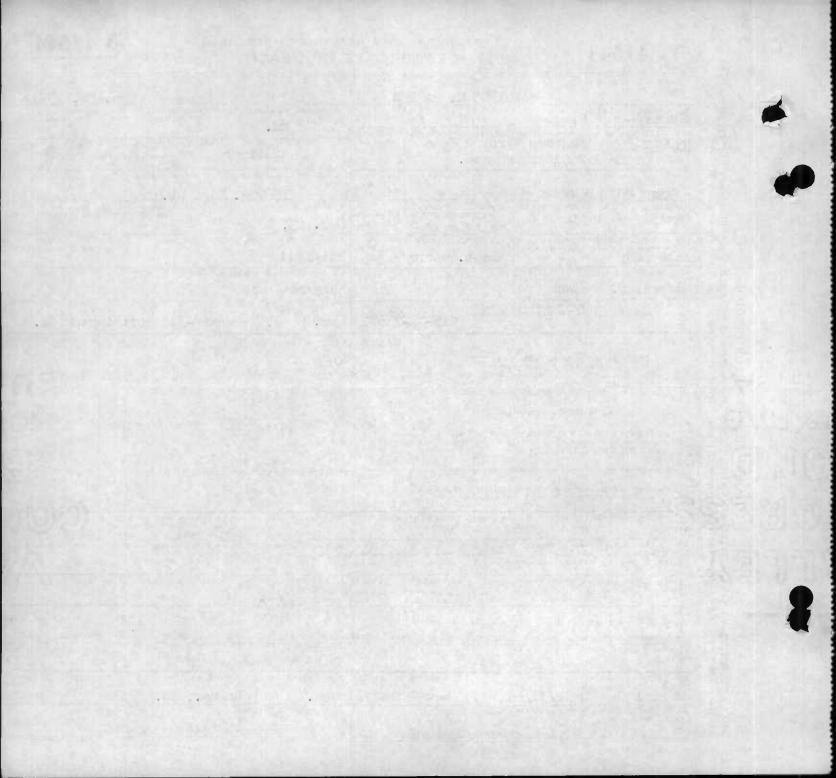
25. FUNERAL DIRECTOR

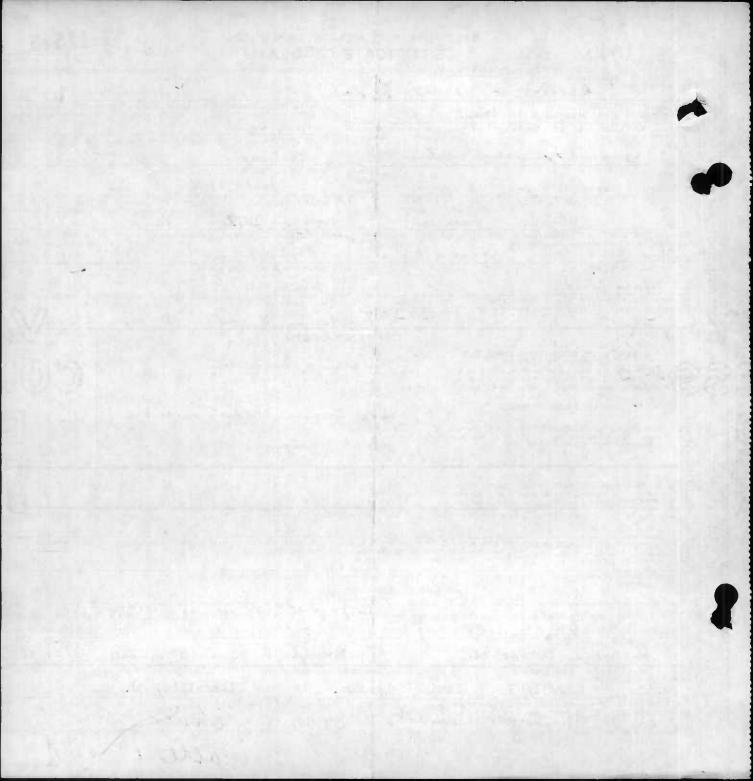
ADDRESS

45073



The	В	53 115	544	BALTIMORE CITY H			Registered	3 11544 No.	
		NAME OF Daype or Print)		GARET M. BANNON			2. DATE OF DEATH	ec. 28, 1953	
ıpplie	A.	Baltimore FULL NAME	City, Maryland	al or institution, give street address o	A. STATE		here deceased lived.  B. COUNTY	if institution; residence before admission)	
fully s	Н	OSPITAL OR	Kenesaw N 2601 Rosl	ursing Home location					
care	C.	Length of s	stay in Baltimore	Yrs. Mos. Days			rural, give location)		
VDING information should be carefully supplied. s of death clearly and legibly.	f	emale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single		OF BIRTH  9. AGE (in years of Under I Year last birthday)  1807 E. 31st St.  9. AGE (in years of Under I Year last birthday)  1807 E. 31st St.  9. AGE (in years of Under I Year last birthday)  53 Months Days Hour			
	S	aleslady		108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLAC		reign country)	12. CITIZEN OF WHAT COUNTRY?	
ation		FATHER'S			14. MOTHER'S		AME		
NG dea		ichael H			Margaret	Hyan			
R BINDING	(Ye	u, no or unknown)	ED EVER IN U, S. ARMED (If yes, give war or dates	of service) 16. SOCIAL 215-01-2160	Mrs. F. J. Henneman-313 Worthington Rd.				
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	A STATE OF THE CONDITION EAST.						10) 7/26/5)	
	CE	DISEASE C			PERATION		TION WAS RELATED		
LY, WITH important.	EDICAL	OR CONTRI	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	NG 218. PLACE OF INJURY	(e.g., in or 21C. Whebldg., etc.)	PARTIO	F DEATH, ENTER OR PART II If in Baltimore City	yes No , give exact location)	
AINL ally im	Σ	OF INJURY	(Month) (Day) (Year)	m. WHILE AT NOT WH	RK R	LNI DIG W	URY OCCUR?		
WRITE PLAINLY e is especially imp		deceased a	22. I hereby certify that I attended the deceased from 5/6, 1946, to 12/22, 1953, that I last saw the deceased alive on 12/22, 1953, and that death occurred at 11. A. m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  23C. DATE SIGNED						
PLEASE WRITE correct age is esp	D.	AA. BURIAL, ON, REMOVAL (S Burial ATE RECEIVE	12/31/5	24c. NAME OF CEMET  New Cathedra s signature	ery or CREMATO	RY 24D. L.	CO., Md.		
<b>E</b> 8	1	VS 150	13 Hanting	ton Williams Mis	1/m /	Viche	ner 7 SI	W OA-1	
		V3 130		490	6C V	(b)	allo 17	Ilva.	

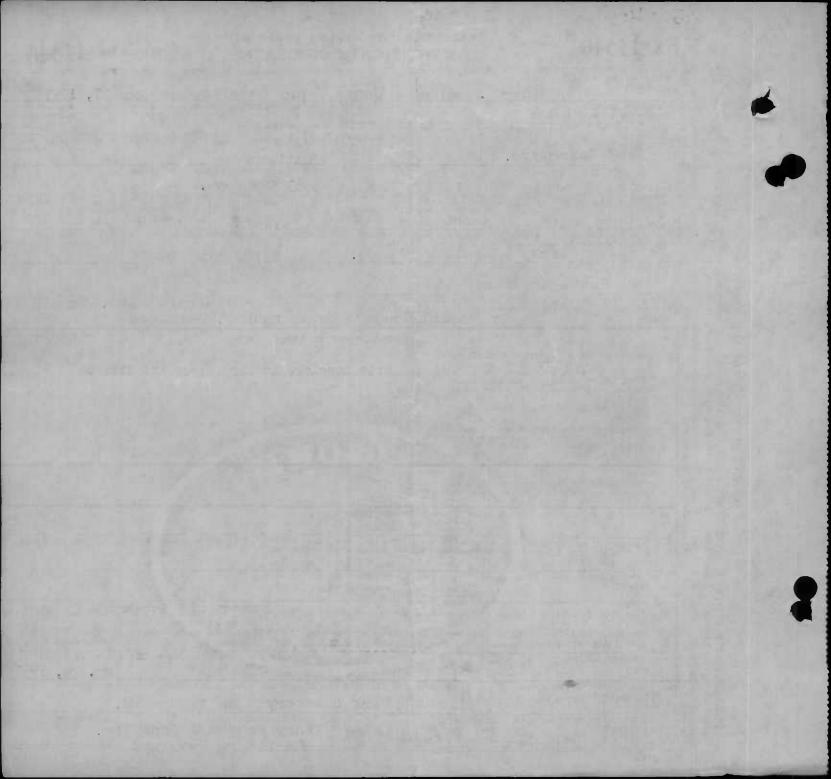




		53 11546  BALTIMORE CITY HE CERTIFICATION	E OF DEATH Registered No. 11546			
. The	1.	NAME OF DECEASED	es Henry Gessford death Dec. 27, 1953			
should be carefully supplied early and legibly.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
	в.	FULL NAME OF I not in hospital or institution, give street address or OSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
	11/	5943 Kavon Ave.	Baltimore 26-0 / township)			
		Yrs. Mos. Length of stay in Baltimore Life Days	D. STREET ADDRESS (If rural, give location)  5943 Kavon Ave.			
		SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE in years If Under I Year If Under 24 Hours			
		Male white Married (Specify)	May 11, 1887   last bethday)   Months Days   Hours Min.			
	worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Shipping Clerk American Oil Co.	11. BIRTHPLACE (Stree or foreign country)  Baltimore Maryland  12. CITIZEN OF WHAT COUNTRY?			
nation ath cl	13	James Gessford	14. MOTHER'S MAIDEN NAME			
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information shou Physicians: please write the causes of death clearly	15 (Ye	WAS DECEASED EVER IN U, S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  (213-05-3632	17. INFORMANT 406 Central AVERGESWSON Mr. Harmon P. Gessford			
	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	iosclerotic cardiovascular disease			
PE	CE	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?			
ILY, WITH important.	DICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or   21c. WHERE DID (If in Baltimore City, give exact location)			
'/	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY NOT WHILE AT WORK NOT WHILE AT WORK				
9		22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I	hove, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry (nquiry, find that said deceased died on the day stated above, a. A. accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .			
E WRI		23A. SIGNATURE PARTIE	238. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dec. 28, 1953			
PLEASE WRITE correct age is est	24 TI	4A. BURIAL CREMA- 24B. DATE 24c. NAME OF CEMETE ON REMOVAL (Specify) 12/30/53 Loudon Park	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
PLI		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc.			

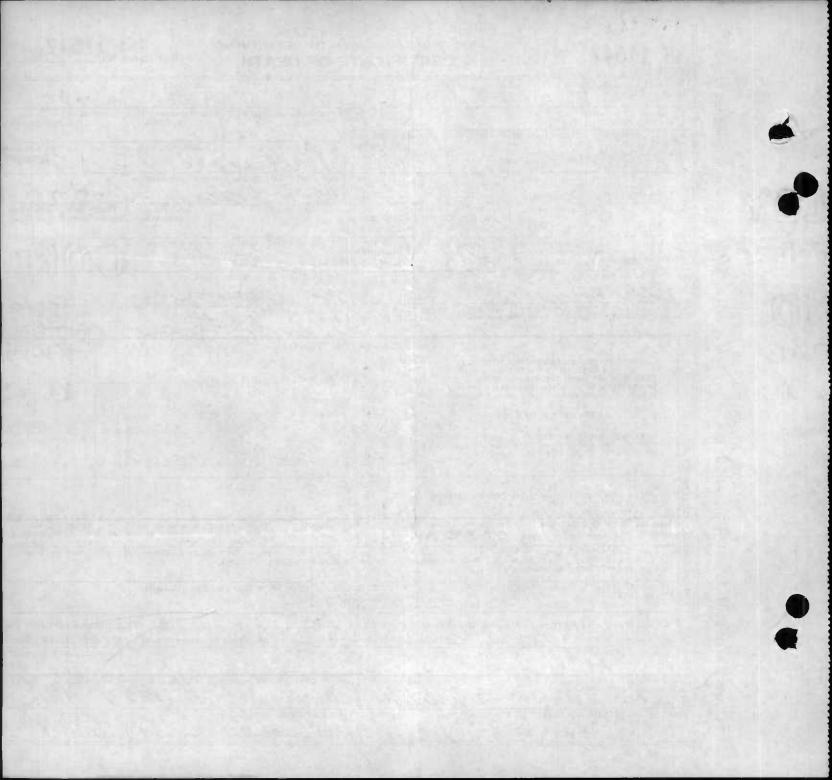
G-216

12. CITIZEN OF WHAT COUNTRY? AVADDRESOWSON rd INTERVAL BETWEEN disease 20. AUTOPSY? NO X YES L City, give exact location) uiry thereon and from Inquiry lon the day stated above,  $e \square$ , undetermined  $\square$ . 23c. DATE SIGNED Dec. 28, 1953 y, town, or county) Md. ADDRESS Inc.



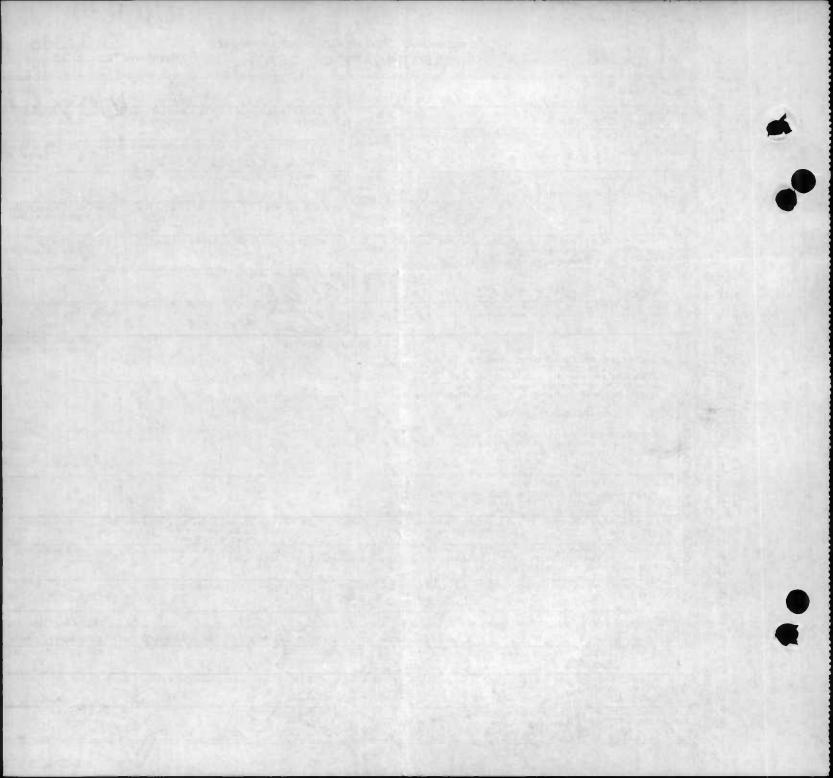
53 11547 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR e carefully legibly. (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 11. BIRTHI LACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? information s of death cle Wired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. em of i INTERVAL BETWEEN Every item write the cau 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. U 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN especially important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING ... 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 195 to\_ 22. I hereby certify that I attended the deceased from\_ , 192 . that I last saw the WRITE deceased alive on 12/29 195 and that death occurred at\_ Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23C. DATE SIGNED 23 age ZAA. BURIAL, CREMA-TON, REMOVAL (Specify) 24B. DATE PLEASE 24C, NAME OF CEMETERY 24D. LOCATION (City, town, or county). DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



	1	10	73						
		- ( h	. 10	BAL	TIMORE CITY H	EALTH DEPAI	RTMENT	53	11548
The	03 11548 BIRTH NO.				CERTIFICATE OF DEATH			Registered No	
F	1.	NAME OF D	DECEASED	11	/		2.	DATE	,
ied.		ype or Print)	(669	17	WKIN			DEATH 12/	29/33
supplied.	Α.		City, Maryland			A. STATE	MCE (Where	deceased lived. If in	titution : residence before admission)
	H	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)		NN (If outsi	de corporate limits,	write RURAL and give
full;	4	STITUTION	WAT HO:	56 0.	FBAT.	Hal	temo	re /	township)
carefully legibly.	1			TIGHT.	Yrs.	D. STREET ADD	ORESS (If rural	give location)	1
	and and their	Length of s	stay in Baltimore	7. SINGLE	Deys MARRIED.	8. DATE OF BIE	RTH [9.	AGE (In years   KUn	der I Year   It Under 24 Hours
should be arly and l		F	W	WIDOW	ED, DIVORCED (Specify)				hs Days Hours Min.
0 1	1 C	A. USUAL OC doneduring most	CUPATION (Give kind of of worklog life, sygn if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	country) 1:	CITIZEN OF WHAT COUNTRY?
tion h cl	13	FATHER'S		1		14. MOTHER'S	MAIDEN NAME		
NDING information		Xacok	Kes	sler	,	Ethel	,		
Dir	(Ye	. WAS DECEAS s, no or unkoown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	1/	· ADE	PRESS
R BINDING						Alfred	Hank	un - t	ame
FO the		(This does	SE OR CONDITION LEADING TO DEA s not mean the mode oure, asthenia, etc. It mes complication which	TH of dying, e. g ins the discase	(A) Cone	OF DEATH	Knink		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUS		1				
RESE INK.	NOL	DISEASE	S OR CONDITIONS, I	F ANY. GIVIN	(B) , fle				*******************************
G I	ATI	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO				
GIN	FIC				(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************	
MARGIN UNFADING Physicians:	CERTI	TO THE	GNIFICANT CONDITIONS DEATH BUT NOT DE CONDITION CAUSING	RELATED TO		~			
н.	AL	19A. DATE C	OF OPERATION O	98. CONDITAL PERFO	TION FOR WHICH O	PERATION	CAUSE OF D	WAS RELATED TO	20. AUTOPSY?
ILY, WITH	EDIC/	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF TIFY MEDICAL EXAMINE	about h	PLACE OF INJURY (ome, farm, factory, street, office	e. g., in or 21C. WH bldg.,etc.) INJURY	ERE DID (If in OCCUR?	Baltimore City, gi	
/. 1	Σ	210 TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	WHILE AT NOT WHI	LE	W DID INJURY	OCCUR?	
PI			by certify that I at	tended the	deceased from 12	//8 , 19	5,00 12/	29, 1953	that I last saw the
TE		deceased a	live on 11/19	_, 19_5	and that death occu	rred at S F	m., from the co		date stated above.
WRITE ge is esp		0	Thelat D	Bruhn	, M. D.	Ina	12mp.	0	12/29/53
ह्य ह्य	3	A. BURIAL.		¥3	24c. NAME OF CEMETE	RY OR CREMATOR	RY 24D. LOCA	ACTO 1	county) (State)
PLEAS correct		ATE RECEIVE		S SIGNATU	RE	25. FUNERADO	DIRECTOR	3100 Gu	DDRESS Pl
	九	VS 150	G	P (2)	1//				

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# BALTIMORE CITY HEALTH DEPARTMENT

53 11549

The	В	OS 11549 CERTIFICATE				TE OF	E OF DEATH Registered No.			
		NAME OF DI	SOPHIE	TEI	NSTEIN			2. DATE OF DEATH	2 - 3	30-53
supplied.	Α.		city, Maryland			A. ST	ATE	(Where deceased live B. COUNT		itution: residence before admission)
lly	H	SPITAL OR ISTITUTION	Shirles	l or institut	tion, give street address locatio	c. CIT	GRYLANG TY OR TOWN Balto,	(If outside corporate	limits, wi	rite RURAL and give
id be carefully and legibly.	-		tay in Baltimore	60	Yrs Mor	126	36 Park	(If rural, give location HE1947S	AUE	
		EMULE	6. COLOR OR RACE	WIDON	E, MARRIED. VED, DIVORCED (Speci I d o W		TE OF BIRTH	9. AGE (In yea last birthday	rs If Under	Days Hours Min.
VDING information should tof death elearly ar		k done during mosto	CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTR		RTHPLACE (State of	r foreign country)	12.	CITIZEN OF WHAT COUNTRY?
atio	13	B. FATHER'S N	IAME			14. MC	OTHER'S MAIDEN	NAME		
NG orm des	16	NOT 7	TNOWN	5000556	140.000111	No	T KNOW	N		
BINDING of inform uses of dea	(Ye	e, no or unknown)	D EVER IN U.S. ARMED (If yos, give war or dates	of service)	16. SOCIAL SECURITY NO.	Ha	vy fee	notem	ADDF	RESS
~ =		1 "	.o and	260X	CAUSE	OF DE	EATA			INTERVAL BETWEEN ONSET AND DEATH
0 3 0			LEADING TO DEAT	H	a a a	ti (	andia. De	I John		1 day
Every is		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING								
02										
RESE INK.	Z O									f y rais
N R	CATI	UNDERLY	HE ABOVE CAUSE (A)	STATING T	HE DUE TO	abete	<b>7</b>			16 years
MARGIN R UNFADING Physicians: p	II.		п							
MAJ NFA	ERTI	TO THE	NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING	ELATED TO	UTING O THE					
H	AL C		F OPERATION   19	Company of the Compan	ITION FOR WHICH	OPERATIO	CAUSE	ERATION WAS RELAT OF DEATH, ENT I OR PART II		20. AUTOPSY?
ILY, WITH important.	IEDICAL	OR CONTRIE	ENT WAS UNDERLYI BUTING CAUSE OF IFY MEDICAL EXAMINE	about	3. PLACE OF INJURY home, farm, factory, street, of	(e.g., in or ice hldg., etc.)		D (If in Baltimore	City, give	e exact location)
TE PLAINLY, especially impo	Σ	21D. TIME ( OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR WHILE AT NOT W WORK AT W	HILE	21F. HOW DID	INJURY OCCUR?		
PL. recia		22. I hereb	y certify that I att	ended the	dcceased from	2/16	, 19.37, to_			hat I last saw the
TE		deceased al	ive on 12/29	, 1950.	and that death occ	urred at	12.45A.m., from	n the causes and		late stated above.
WRITE e is esp		23A. SIGNA	2 pzint	4	м. D.			w H		16/24 /YS
西岛	2 TL	ON, REMOVAL (S	peeify)	9.13	24c. NAME OF CEME	TERY OR C	CREMATORY 240	LOCATION (City,	md.	eounty) (State)
PLEAS correct	D	ATE RECEIVE	D BY   REGISTRAR	)		25. FL	INERAL DIRECTO		0.	DDRESS
Мő	1	JEC 301	159 4 th	ton	Williams. H	Jarl	Leurs -	m- 2100	6w	law III

pr. 3 mberg

2 .	NAME OF DE	.550	CERTIFICA	TE OF DEA	La DATE	
(T;	ype or Print)	I	Dorothy Keating		of 12-2	
Α.		ty, Maryland		A. STATE	DENCE (Where deceased lived, 1 B. COUNTY Tyland	f institution : residence before admission
HC	STITUTION B	altimore Cit 940 Eastern,		ion) c. CITY OR TOW		its, write RURAL and giv
c.	Length of sta	ıy in Baltimore	Tite Mo		N. Bruce, St	
F	emale	Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spo Married	July 6, 1	.917   last birthday) M	H Under 1 Year Ionths Days Hours Min
work		UPATION (Give kind of working life, even if retired)	108, KIND OF BUSINESS OR INDUST		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NA		nell Green	14. MOTHER'S M	Watkins	
15 (Ye)	. WAS DECEASED	EVER IN U.S. ARMEI		17. INFORMANT B. C. H. 49	40 Eastern, Ave.	ADDRESS (records)
RTIFICATION	DISEASES RISE TO TH UNDERLYI	complication which control cause of conditions, in a bove cause (a) ng condition Lauricant conditions death but not in the conditions of t	F ANY, GIVING STATING THE OUE TO ST. (C)	-		
O	DISEASE OF	OPERATION   1	9B. CONDITION FOR WHICH	OPERATION	IF OPERATION WAS RELATED	
	ISA. DATE OF	O I V	VAS PERFORMED		CAUSE OF DEATH, ENTER	
			INCEL ALL DI LOS COLLEGE	N (- 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	PART I OR PART II	YES 10
EDICAL	21A. ACCIDE OR CONTRIB	NT WAS UNDERLY UTING CAUSE OF THE MEDICAL EXAMINE	about home, farm, factory, street.		PART I OR PART II ERE DID (If in Baltimore City	YES 10
DICAL	2IA. ACCIDE OR CONTRIB DEATH (NOTI	NT WAS UNDERLY	about home, farm, factory, street, (Hour) 21E. INJURY OCCU	office bldg.,etc.) INJURY	PART I OR PART II ERE DID (If in Baltimore City OCGUR?  W DID INJURY OCGUR?	YES 100
EDICAL	21A. ACCIDE OR CONTRIB DEATH (NOTI 21D TIME (NOTI OF INJURY) 22. I hereby deceased ali	NT WAS UNDERLY DITING CAUSE OF Y MEDICAL EXAMINE Month) (Day) (Year) certify that I atter on 12-26	About home, farm, factory, street, (Hour) 2 IE. INJURY OCCU MHILE AT NOT NOT NOT AT tended the deceased from	omcobidg.,etc.) INJURY  JRRED 21F. HOV  WHILE WORK 12-19-53  ccurred at 7:15a,	PART I OR PART II ERE DID (If in Baltimore City OCCUR?  W DID INJURY OCCUR?	y, give exact location)  53, that I last saw the date stated above
EDICAL	21A. ACCIDE OR CONTRIB DEATH (NOTI 21D TIME (I OF INJURY	NT WAS UNDERLY DITING CAUSE OF Y MEDICAL EXAMINE Month) (Day) (Year) certify that I atter on 12-26	about home, farm, factory, street,  (Hour) 21E. INJURY OCCU  WHILE AT NOT  WORK AT  tended the deceased from  1953, and that death of	Office bidg., etc.) INJURY  JERED 21F. HOV  WHILE 21F. HOV  12-19-53 19  ccurred at 7:15a,  23B. ADDRESS  4940 Eastern	PART I OR PART II ERE DID (If in Baltimore City OCCUR?  W DID INJURY OCCUR?  to 12-26, 19.  m., from the causes and on  Ave Balto. Md	53, that I last saw the date stated above 23c. DATE SIGNED 12-26-53
EDICAL	21A. ACCIDE OR CONTRIB DEATH (NOTI 21D TIME (I OF INJURY) 22. I hereby deceased ali 23A. SIGNAT	NT WAS UNDERLY DITING CAUSE OF Y MEDICAL EXAMINE Month) (Day) (Year) certify that I atter on 12-26	about home, farm, factory, street,  (Hour) 21E. INJURY OCCU  WHILE AT NOT  WORK AT  tended the deceased from  1953, and that death of	omcobidg, etc.) INJURY  JRRED 21F. HOV  WHILE 219-53 19  ccurred at 7:158,  23B. ADRESS	PART I OR PART II ERE DID (If in Baltimore City OCCUR?  W DID INJURY OCCUR?  , to 12-26 , 19- m., from the causes and on  Ave Balto. Md	53, that I last saw the date stated above 23c. DATE SIGNED 12-26-53

and the second of the second FIRE LONGIET · DENERO LITARIES IN (Marcose) . Style ( State Cold ) tal F - H is a labely resided, greated on a vibrate PER CONTRACTOR OF THE PERSON O

### BALTIMORE CITY HEALTH DEPARTMENT

50 AAREA

BII	TTOOT	CERTIFICATE	OF DEATH	Registered N	5 11991		
1.	NAME OF DECEASED Thomas	Jan		2. DATE OF DEATH DEC, A	28. 1953		
A. B. I	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	r institution, give street address or	A. STATE Marylon	(Where deceased lived, If i	nstitution: residence perore admission)		
HC	STITUTION Monte bello Ho	spilal	Ellicott a	(If outside corporate limits	, write RURAL and give township)		
c.	Length of stay in Baltimore	Yrs. Mos. Days	Rear of Ho	(If rural, give location)			
			May 2, 1882	9. AGE (In years line) Mon	Under 1 Year oths Days Hours Min.		
vork	done during most of working life, even if retired)	unk. INDUSTRY	11. BIRTHPLACE (State of Moryload)		12. CITIZEN OF WHAT COUNTRY:		
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
15 (Yes	Was Deceased Ever IN U. S. ARAED FO., 100 or unknown) (If yee, give war or lates of a	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AE	DDRESS		
FICATION	DISEASE OR CONDITION DIE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means t injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STU UNDERLYING CONDITION LAST.	ying, e. g., he disease, ed death.) DUE TO  (B) Jungar	esclentes He		onanyya		
CERTI	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING IT	ATED TO THE	•				
AL	19A. DATE OF OPERATION 19B. WAS	CONDITION FOR WHICH OPE PERFORMED	CAUSE	OF DEATH, ENTER IN			
EDIC,	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (e. about home, farm, factory, street, office ble		D (If in Baltimore City,	give exact location)		
4	2 ID TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY  MOT WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attend deceased alive on Du. 28, 1	953, and that death occurr	ed at 4 a.m., from	n the causes and on th			
	23A. SIGNATURE Daniel Lai	M. D.	monte Sello:	Hospilal	or county) (State)		
TIC	AA. BURIAL, CREMA- DIN SEMOVAL (Specify)	53 Provides	Y OR CREMATORY 246	Slenely Ho	ADDRESS (State)		
10	CAL REGISTRAR	NATURE .	The state of the s	19 . 2	1 10-00		

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11552 Registered No.

	NAME OF D	Margaret Fo	ehrkalf	FOEHRKO	13		2. DATE OF DEATH	-53	
Α.	PLACE OF D Baltimore ( FULL NAME	City, Maryland	al or institut	ion give street address o	A. STAT	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE Md. before admission			
HC	SPITAL OR STITUTION	Baltimore 4940 East	e City	ion, give street address o Hospitals location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore— 21				
		tay in Baltimore	Life	Yrs. Mos. Days	404	D. STREET ADDRESS (If rural, give location) 405 Essex Ave.			
Fe	nale	White	Mar	E. MARRIED. PED, DIVORCED (Specify ried	BATE	OF BIR	- 1895 9. AGE (In years last birthday) Mo	under I Year If Under 24 Hours this Days Hours Min	
10 work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY	
13.	3. FATHER'S NAME William Eurice					14. MOTHER'S MAIDEN NAME Louise Beyer			
15 (Yes	WAS DECEAS no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFO	17. INFORMANT B. C. H. Records, 4940 Eastern Ave.			
ERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY	LEADING TO DEAT TO THE METERS	TH of dying, e. g ins the diseas- caused death SES  F ANY, GIVIN STATING TH SST.	(B)			<b>39</b>	3 hrs.	
CEF	TO THE	DEATH BUT NOT I	RELATED TO	тне Нурех	tensio			5 yrs.	
SAL		V	VAS PERFO				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO NO	
MEDIC							ERE DID (If in Baltimore City, OCCUR?	give exact location)	
	OF INJURY	(Month) (Day) (Year)	(Hour) 2 m.	21F. HOW DID INJURY OCCUR?					
	deceased a	live on 12-29-53		and that death occu	rred at 6	.20PM	n., from the causes and on th		
	23A. SIGNA	TURE ALL	04.	WEIT TO A STATE OF	23B. ADDR	ESS		23c. DATE SIGNED	
		A Mount		M. D.   24c_NAME OF CEMETI					

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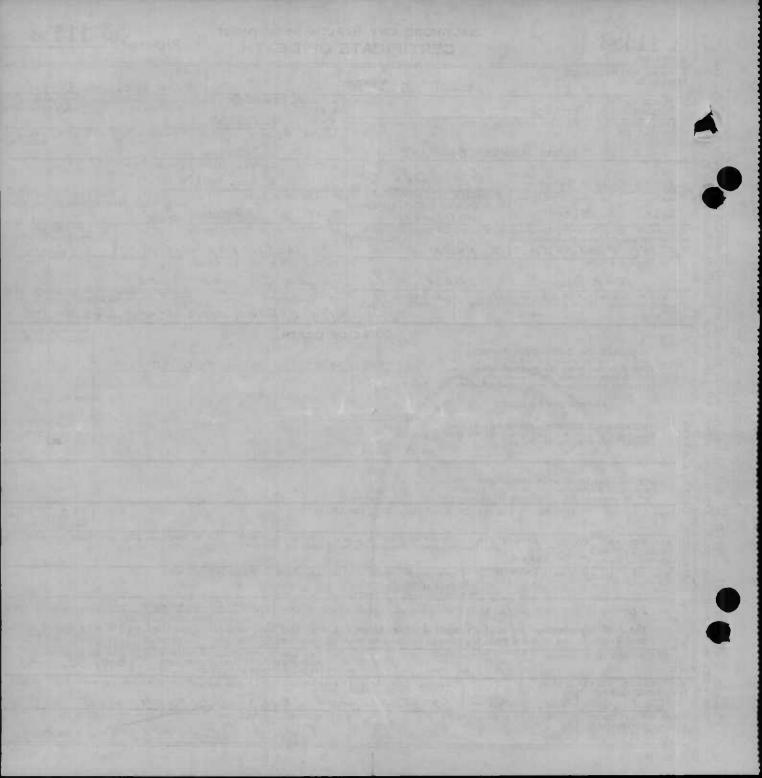
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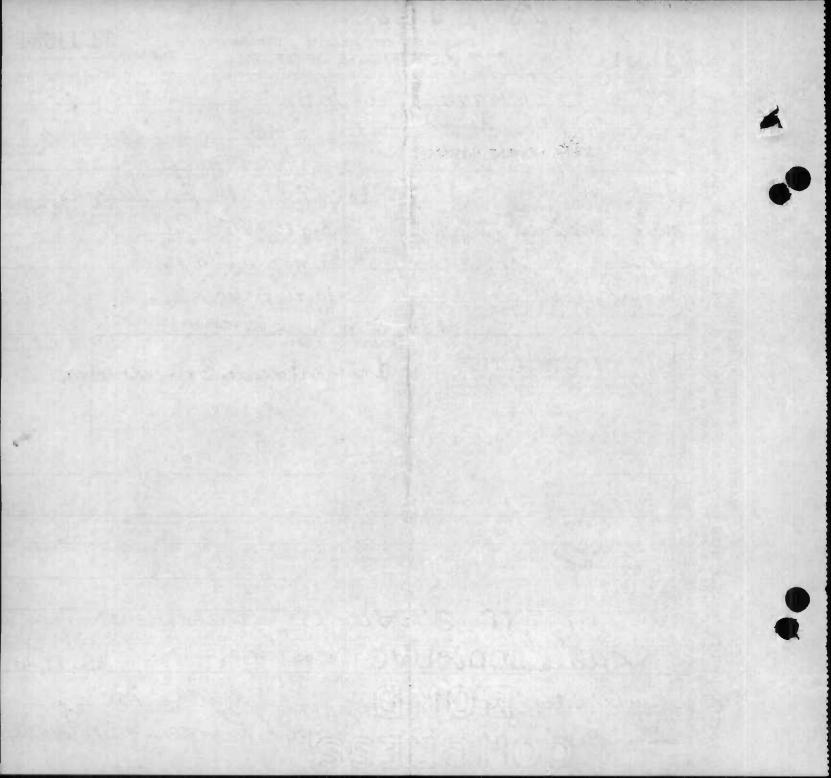
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	The	
	supplied.	
	PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	v and legibly.
IDING	information sho	pecially important. Physicians: please write the causes of death clearly and legibly.
FOR BIL	ry item of	e the causes
MARGIN RESERVED FOR BINDING	INK. Eve	please writ
MARGIN	UNFADING	Physicians:
	MINLY, WITH	ly important.
	PLA	pecial

J. 5	20
11554 BIRTH NO.	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	11554
Registered	No_	===001

E .	BIRTH NO.		
	1. NAME OF DECEASED (Type or Print) EMMANUE	Johns   2. DATE DEC 2 9 19	353
supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland Opler 2	A. STATE  B. COUNTY  B. COUNTY	ion : residence before admission)
y su	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		
carefully egibly.	4 3	BALTIMORE  D. STREET ADDRESS (If rural, give location)	township)
carefu legibly,	Yrs. Mos. c. Length of stay in Baltimore Days	1721 N. Broad W	av
d be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years     Under   ) last birthday   Months L	ear / H Under 24 Hours Rays Hours Min.
houl	Male Colored M. TOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR		ITIZEN OF
on s	work done during most of working life, even if retired) INDUSTRY	British West Indies	HAT COUNTRY?
information should be	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	6 33 J
of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Xes, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRES	SS
em of i	218-07-5278	JOHNS HOPKINS HOSPITAL	TERVAL BETWEEN
		OF BEATH	ISET AND DEATH
the Car	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	went neide Brin bemont	<i>/</i>
Ever	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES		
INK.	Z DISEASES OR CONDITIONS, IF ANY, GIVING		*************************
old:	UNDERLYING CONDITION LAST.		
DIN	<u> </u>		******************************
UNFADING Physicians:	M TO THE DEATH BUT NOT RELATED TO THE		V. T.
H	D DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION   IF OPERATION WAS RELATED TO   20	AUTOPSY?
WITH rtant.	<b>∢</b>	PART I OR PART II YE  (e. g., in or 21C. WHERE DID (If in Baltimore City, give e	xact location)
.0	OR CONTRIBUTION CAUSE OF about bome, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	bldg.,etc.) INJURY OCCUR?	
PLAINLY ecially imp	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY  MILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	LE	
	22. I hereby certify that I attended the deceased from I &	- 28- , 1953 to /2-29- , 1953 than	t I last saw the
esi		rred at 12.25 Am., from the causes and on the dat	e stated above.
E WR	Z. aliranen gr M.D.	JOHNS HOPKINS HOSPITAL	29,1953
ASE ct as	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or cou	nty) 'I (State)
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADD	RESS
10	DEC 301953	Joseph L. Kues 2222 W. Mon	pax ely
	VS 150		



#### NAME OF DECEASED (Type or Print) supplied. ARPIETT K. WILSON 3. PLACE OF DEATH A. Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR INSTITUTION MARYL NERI Length of stay in Baltimore 5. SEX 6.COLOR OR RACE should 10A. USUAL OCCUPATION (Givekind of work dope during most of working life, even if retired) information s s of death clear Louise Wife 13. FATHER'S NAME BINDIN 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) of 18. item DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN RTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT Ü 19A. DATE OF OPERATION DICAL mportant 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WORK 22. I hereby certify that I attended the deceased from\_ deceased alive on 12-30-5319 and that death occurred at 2/3A SIGNATURE 24A BURIAL, CREMA-24B, DATE TION REMOVAL (Specify)

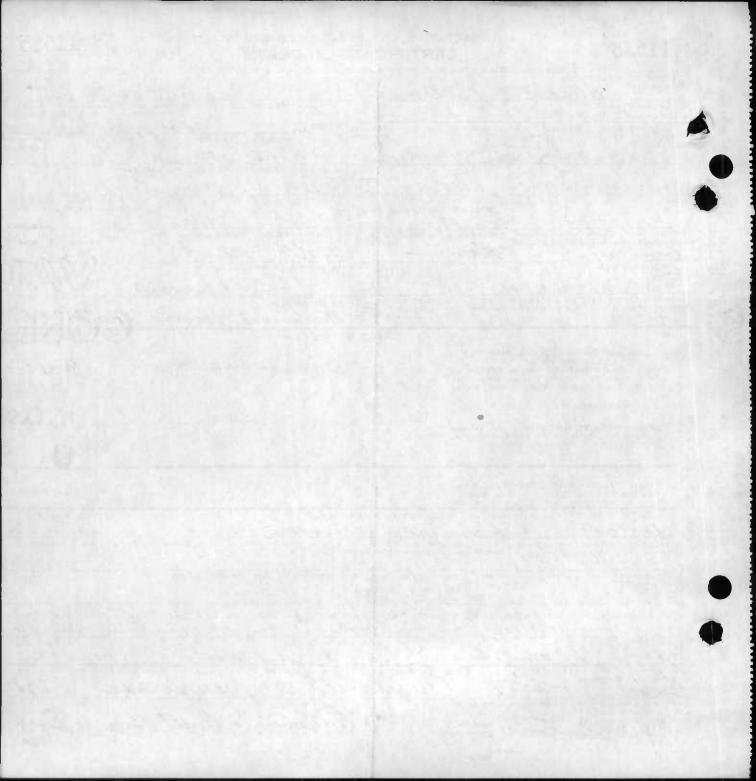
Durial DATE RECEIVED BY

LOCAL REGISTRAR

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25.00

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B, COUNTY before admission) Starlord location (If outside corporate limits, write RURAL and give C. CITY OR TOWN Yrs. (If rural, give location) Mos. Days 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 11.S. A 14. MOTHER'S MAIDEN NAME LICE 16. SOCIAL ADDRESS SECURITY NO CAUSE OF DEATH ONSET AND DEATH CARCINOMA TOSIS DUE TO (B) OUE TO (C) .... 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY COLOR TRANSJERSE ARCIN OMA YES NO 218. PLACE OF INJURY (e. g., in or | (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK 12-30 - 1953, that I last saw the , 19\_ \_, to\_ Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 12-30-53 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) REGISTRAR'S SIGNATURE FUNERAL ADDRESS



CT	IRTH NO.	HEALTH DEPARTMENT ATE OF DEATH  Registered No. 12. DATE
1	Type or Print) Mr. William E. Lutz	Death Dec. 29,1953
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
В.	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR	
IN	NSTITUTION 3420 Belair Road	c. CITY OR TOWN (If outside copposate limits, write RUR L and give Baltimore
		rs. D. STREET ADDRESS (If rural, give location)
	. Length of stay in Baltimore	os. 3420 Belair Road
n	male white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe	Aug. 25, 1893 60
Vorl	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF k done during most of working life, even if retired)	TRY WHAT COUNTRY
13	Steam Fitter   3. FATHER'S NAME	Baltimore Co. Maryland U.S.A.
, ,	Thomas Lutz	Margaret Winkler
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17 INFORMANT ADDRESS
(10	(If yes, give war or dates of service) SECURITY NO. 215-09-135	0.
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
1		
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CE	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e, in or   21c. WHERE DID Alf in Baltimere City, give exact location)
DICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DISEASE OR CONTRIBUTING 21B. FLACE OF INJURY (e. about home, farm, factory, etreet, office bid contributing 21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?
DICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office by CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT NOT WE WORK AT WO	JRRED 21F. HOW DID INJURY OCCUR?
DICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DISEASE OR CONTRIBUTING 21B. FLACE OF INJURY (e. about home, farm, factory, etreet, office big CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUMENTAL OF INJURY OF IN	JRRED 21F. HOW DID INJURY OCCUR?  LIFE HOW DID INJURY OCCUR?
DICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DISEASE OR CONTRIBUTING 21B. FLACE OF INJURY (e. about home, farm, factory, etreet, office bit of the disease of the latter of the deceased from deceased alive on 195, and that death of the deceased alive on 195, and the decea	JRRED 21F. HOW DID INJURY OCCUR?  LINE DID INJURY OCCUR?  JURN DID INJURY OCCUR?
MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DISEASE OR CONTRIBUTING 21B. FLACE OF INJURY (e. about home, farm, factory, street, office bit of the disease of the deceased from deceased alive on deceased alive on deceased alive on 23A. SIGNATURE  M. D.	JERED 21F. HOW DID INJURY OCCUR?  HILE  OCCUPTED A THE STATE OF THE ST
MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DESCRIPTION 19B MAJOR, FINDI	JERED 21F. HOW DID INJURY OCCUR?  HILE  OCCURRED A P. 197, that I last saw the course of at 1 Comm., from the causes and on the date stated above 23E. ADDRESS 23C. DATE SIGNED 23E. ADDRESS 24D. LOCATION (City, town, or county) (State)
MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERAYON 19B MAJOR, FINDINGS OF DISEASE OR CONTRIBUTING 21B. FLACE OF INJURY (e. about home, farm, factory, street, office by CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUMENTAL OF INJURY OF INJURY OF INJURY OF INJURY OCCUMENTAL OC	JERED 21F. HOW DID INJURY OCCUR?  HILE  COURTED at Mary Indexes and on the date stated above  23E. ADDRESS 23E. ADDRESS 24D. LOCATION (City, town, or county)  ETERY OR CREMATORY 24D. LOCATION (City, town, or county)  ETERY Cemer Cem. Ballingre, Maryland
MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B MAJOR, FINDINGS OF DESCRIPTION 19B MAJOR, FINDI	JRRED 21F. HOW DID INJURY OCCUR?  HILE  OCCURRED A P. 197, that I last saw the course of at 1 Comm., from the causes and on the date stated above 23B. ADDRESS  ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

Dr. Stevens
Erdman & Mannasota
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		MARGIN R.	ESE	MARGIN RESERVED FOR BINDING
A,du	WITH ortant.	UNFADING I Physicians: pl	INK.	X, WITH UNFADING INK. Every item of information should be carefully supplied. The apportant. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

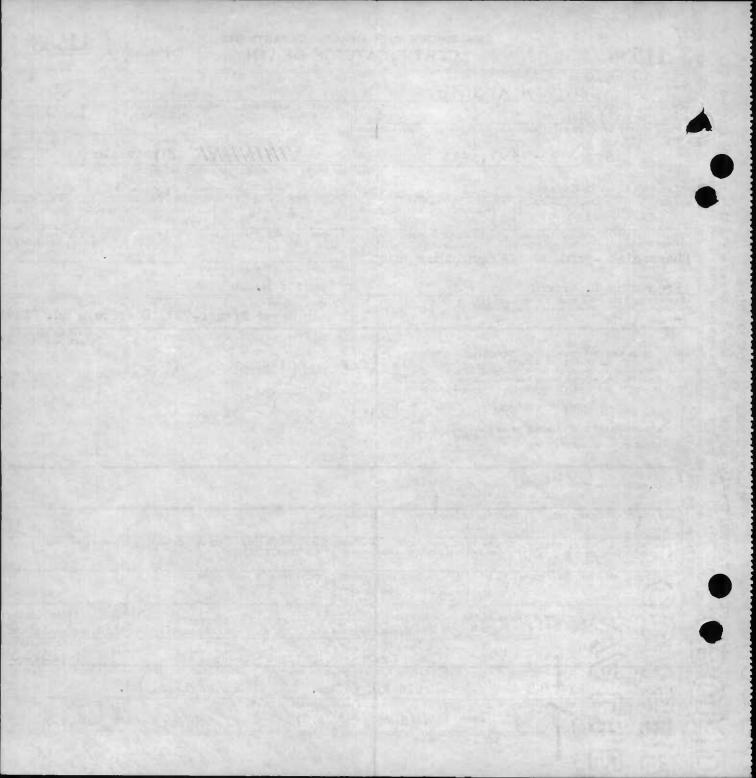
	53	44557
Registered	No.	1100/

I. NAME OF DECEASE   Coxon, Iilly (Lillie)   2. DATE   DECATH December 29, 1953   PLACE OF DEATH   Baltimore City, Maryland   A. USUAL RESIDENCE (Where deceased lived If institution: residence not proposed content of the proposed of the	BIRTH NO.								
A. USUAL RESIDENCE (Where deceased lived. If institution: residence in Relationer City, Maryland  B. FULL NAME OF (If not is heepital or institution, give street address or location)  St. Joseph's  St. Joseph's  Yre. Most Street Address (If rural, give location)  C. Length of stay in Baltimore  7. Yr. Most Street Address (If rural, give location)  S. SEX C. COLOR OR RACE 7. SINGLE. MARRIED.  9. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. STREET ADDRESS (If rural, give location)  S. SEX C. STREET ADDRESS (If rural, give location)  S. STREET ADDRESS (If rural, give location)  INTERPLACE (State or faceign country)  INTERPLACE (State or faceign country)  S. STREET ADDRESS (If rural, give location)  II. BIRTHFLACE (State or faceign country)  C. Liggeon Tillinoid (Interplace)  II. BIRTHFLACE (State or faceign country)  III. BIRTHFLACE (State or faceign countr		DECEASED COXO	n, Lill	y (Lillie)			DEATH Dece		
CCITY OR TOWN (If outside corpayate lights, weight (Wart An and give Mosk NUMBER)	3. PLACE OF	DEATH:				SIDENCE (W			
C. Length of stay in Baltimore  7.2 yr. Days  5. SEX  6. COLOR OR RACE  7. SINGLE. MÁRRIED.  8. DATE OF BIRTH  9. AGE (In year)  10. AND OF BIRTH  10. ALL OCCUPATIONS  11. BIRTHFLAGE (State or foreign contenty)  12. CITIZEN OF WHAT COUNTRY?  13. ATHER'S NAME  CAPI Grabau  15. WAS DECEASE OF LYR IN U. S. ARMED FORCES!  (16. SOCIAL NO. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., beart failure, atthemis, etc. It means the directs.)  18. ALL DISEASE OR CONDITIONS, If ANY, CIVING  RISE TO TIVE ADDRESS OR CONDITIONS CONTRIBUTING  19. DISEASE OR CONDITIONS CONTRIBUTING  10. CONTRIBUTIONS CONTRIBUTIONS  11. ACCIDENT WAS UNDERLYING!  12. ACCIDENT WAS UNDERLYING!  13. ALL OCCUPATION  14. ACCIDENT WAS UNDERLYING!  15. SOCIAL  16. SOCIAL  17. INFORMANT  18. ADDRESS  18. AND ALL OCCUPATION  19. ADDRESS  10. ALL OCCUPATION  19. ADDRESS  19. ADDRESS  10. ACCIDENT WAS UNDERLYING!  19. ADDRESS  10. ACCIDENT WAS UNDERLYING!  19. ADDRESS  10. ACCIDENT WAS UNDERLYING!  10. ALL OCCUPATION  10. ALL OCCU	HOSPITAL O	R	al or institut			Marylan WN (If	outside corporate li		
C. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE MARRIED  WINTE  WI	7/15/		Joseph!	8				1	
E. Length of stay in Baltimore  S. SEX  S. COLOR OR RACE  F. SINGLE MÄRRIED.  WILDOWED, DIVORCED (Speedin)  Pemale  White  Wildowed  ROV. 13, 1881  Wildowed  ROV. 13, 1881  Wildowed  ROV. 13, 1881  Wildowed  ROV. 13, 1881  ROY. 14,	707/2015			Yrs.	D. STREET AD	DRESS (If	rural, give location)	/	
5. SEX   S. COLOR OR RACE   7. SINGLE, MÄRRIEC.   Windowed   Windo	c. Length of	stay in Baltimore				1,107 Ha	milton Aven	ue	
10. SUML OCCUPATION (diveled)  10. KIND OF BUSINESS OR  INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY?  13. FATHERS NAME  Carl Grabau  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Ves, no or mahoway)  (If yes, give war or dates of service)  18. 20 4. 0  DISEASE OR CONDITION DIRECTLY  (This does Leading To Death  (This does Leading To Death  Injury or complication which caused death,)  DUE TO  ANTECEDENT CAUSES  (B)  OTHER SIGNIFICANT CONDITIONS FANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSENS  (B)  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS CONTRIBUTING  OF CONTRIBUTINGS CAUSE OF DEATH  WAS PERFORMED  OR CONTRIBUTINGS CAUSE OF DEATH  WAS PERFORMED  210. ACCIDENT WAS UNDERLYING BOOK AND RELATED TO THE  DOEATH (NOTIFY WAS UNDERLYING)  DOEATH (NOTIFY WAS UNDERLYING)  211. INTERVAL EXTENSION  (C)  10. BIRTHPLACE (State or foreign country)  (Interest And Death  Marie Ruche  CAUSE OF DEATH  (Interest And Death  Interest And Death  Interest And Death  (Interest And Death  Interest	5. SEX	6. COLOR OR RACE		ED, DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (in years last birthday)	If Under 1 Year   If Under 24 Hours	
WHAT COUNTRY?  At home  3. Father's name  Carl Gradu  15. WAS decasted ever in u.s. armed forces? (Yes, no or naknown)  III. WAS decasted ever in u.s. armed forces? (Yes, no or naknown)  III. WAS decasted ever in u.s. armed forces? (Yes, no or naknown)  III. Office or naknown)  III. NATE office or naknown)  III. NATE office or naknown)  III. NATE office or naknown  III. NAMNOWN  III. NAM	Female	White	Wic		NOV. 13,	1881			
13. FATHER'S NAME  Carl Grabau  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or naknown)  (If yes, give war or dates of service)  16. SOCIAL SCURITY NO.  The S. Sidney L. Mitchell, 4107 Hamilt  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., beart failure, asthenis, etc. it means the disease, failury or complication which caused death,)  DISEASE OR CONDITION LIFE.  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION CONTRIBUTING  TO THE DEATH AUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH AUT NOT RELATED TO THE DEATH ACCIDENT WAS UNDERLYING CONDITION CONTRIBUTING TO THE DEATH AUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTION TO THE DEATH AUT NOT RELATED TO THE DEATH AUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTION CONTRIBUTION COUNTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION COUNTRIBUTION CONTRIBUTION C	work done during m	ost of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY				WHAT COUNTRY?	
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(Yes, no or maknown)  (If yes, give war or dates of service)  SECURITY NO.  ITS. Sidney L. Mitchell, 4107 Hamilt  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G)  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTION CAUSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR CONTRIBUTION CAUSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST OR COURSE OF DEATH, ENTER IN YES NO LAST O	Carl	Grabau			Marie Ru	iche			
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18. 204:   ODES   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH	(xes, no or nakho	(xi you, give war of date	or or service)	SECURITY NO.	Mrs. Sidr	ney L.	Mitchell.	4107 Hamilh	
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WAS PERFORMED  CAUSE OF DEATH. ENTER IN YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from ecember 12, 1953 to December 29 1953, that I last saw the deceased alive on ec. 29 1953, and that death occurred at 8:00 am., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  TION, REMOVAL (Specify) Burial  DATE RECEIVED BY REGISTRAR'S SIENATURE ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	DISEAS			TION FOR WHICH OF	DEDATION	T is open	TIGH WAS DELATE	TO LOO AUTORSY?	
21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   Not white   At work   Not white   At work   23a. SIGNATURE   23b. ADDRESS   23c. DATE SIGNED   23b. ADDRESS   23c. DATE SIGNED   24c. NAME OF CEMETERY OR CREMATORY   24b. LOCATION (City, town, or county) (State)   Date Received by   Registrars signature   Parkwood Cemetery   Baltimore, Maryland   Address   Ad	1		WAS PERFC	RMED		PART I	OF DEATH, ENTER	IN YES NO	
21b. Time (Month) (Day) (Year) (Hour)  MILE AT MOT WHILE AT MOT WHILE AT MOT WHILE AT MOT WHILE AT WORK  22. I hereby certify that I attended the deceased from ecember 12, 1953 to December 29 1953, that I last saw the deceased alive on ec. 29, 1953, and that death occurred at 8:00 am., from the causes and on the date stated above.  23a. SIGNATURE  23b. ADDRESS  23c. DATE SIGNED  24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial  Dec. 31, 1953  Parkwood Cemetery  Baltimore, Maryland  DATE RECEIVED BY   REGISTAR'S SIGNATURE)  ADDRESS	M DEVIL	IDENT WAS UNDERLY RIBUTING CAUSE OF NOTIFY MEDICAL EXAMINI	F about	a. PLACE OF INJURY ( home, farm, factory, street, office	(e. g., in or 21C. W hidg., etc.) INJUR	HERE DID Y OCCUR?	(If in Baltimore Ci	ty, give exact location)	
deceased alive on ec. 29 1953, and that death occurred at 8:002m., from the causes and on the date stated above.  23a. SIGNATURE  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  32d. DATE SIGNED  24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. DATE RECEIVED BY REGISTRAR'S SIGNATURE  24d. PURPLEY OF CREMATORY 24d. LOCATION (City, town, or county)	21D. TIME	(Month) (Day) (Year		WHILE AT NOT WHI	LE	OW DID IN.	JURY OCCUR?		
23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  23C. DATE SIGNED  23C. DATE SIGNED  24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)  24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS	22. I her	reby certify that I at	tended the	deceased from Dec	ember 12, 1	9.53 to De	cember 29 19	953, that I last saw the n the date stated above.	
24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  Burial Dec. 31, 1953 Parkwood Cemetery Baltimore, Maryland  DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS			0,22	2	23B. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23C. DATE SIGNED	
Burial Dec. 31, 1953 Parkwood Cemetery Baltimore, Maryland  Date Received By Recistran's SISNATURE ADDRESS	0	Jamis U.	trit	M. D.	11,00 N. C	aroline	Street.		
DATE RECEIVED BY   REGISTRAR'S SINATURE   ADDRESS	TION, REMOVA	L (Specify)		~				36	
		1 1000 37	1953	Pomizwood Li	AMATAMIT	-14	0171 0000		
	II DATE DECEL						arkimore,	Maryland	

NAME BODY TAKEN BY

DATE

The	3	K-656  BALTIMORE CITY HE CERTIFICATI NAME OF DECEASED AUgusta	E OF DEATH  Registered No.	11558
	1. (T	ype or Print) Edith A Kramer	2. DATE OF DEATH 12	29/53
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY	stitution: residence before admission)
IIIy 8		OSPITAL OR Julyan Hor gilal	c. CITY OR TOWN (If outside corporate limits,	4
e ca		Yrs. Mos. Days	D. STREET ADDRESS If rural, give location 7023 Heeffeld Rd	#\
uld be y an		6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	2 16 26 last birthday) Mon	nder I Year   M Under 24 Hours ths: Days   Hours   Min.
NDING information should s of death clearly an	worl	A. Ubual Occupation (Give kind of k done during root of fracking life, even if retired)  harmacist = rtd	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
G mati leath		Frederick L. Kramer	14. MOTHER'S MAIDEN NAME Augusta M. Rau	
R BINDIN	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yes, give war or dates of service) SECURITY NO.		DRESS ield Rd. Pks
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ronary occlusion iorcbrotic head direau	
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITH	EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blue, farm, factory, street, office bldg., t	n or 21C. WHERE DID (If in Baltimore City, gi	YES NO No ve exact location)
al mi	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
RITE PI			rred at 1 1 m., from the causes and on the	that I last saw the date stated above
PLEASE WRI	TIC	4A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) Burial 1/2/54 Druid Ridge		or county) (State)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	28. Wheral DIRECTOR Tickeney 4	ADDRESS
		VS 150	36L Ralto. 17	Mid.



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11559 Registered No.

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

before admission)

township

BIRTH NO

The

supplied.

e carefully legibly.

information should be of death clearly and

Every item of i

BINDING

RESERVED FOR

MARGIN

1. NAME OF DECEASED 2. DATE HIRAM BLOCK WEISS (Type or Print) OF Dec. 28, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or HOSPITAL OR Baltimore (If outside corporate limits, write RIRA and give 2120 Bolton St. INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2120 Bolton St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Aug. 17, 1882 male white single 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done doring most of working life, even if retired) INDUSTRY Draperies Maryland Metchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia F. Block Jacob Weiss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Miss Eva Weiss-2120 Bolton St. 18. 3 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. U 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

INK. UNFADING Physicians: p WITH important. PLAINLY, especially WRITE ge is espe age

PLEASE

22. I hereby certify that I attended the deceased from nor 8, 1913 to De 2819/3 that I last saw the deceased alive on Dec 28, 19 3, and that death occurred at\_ m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA 24B. DATE

24c. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cem.

AT WORK

24D. LOCATION (City, town, or gounty)

Balto., Md.

BUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

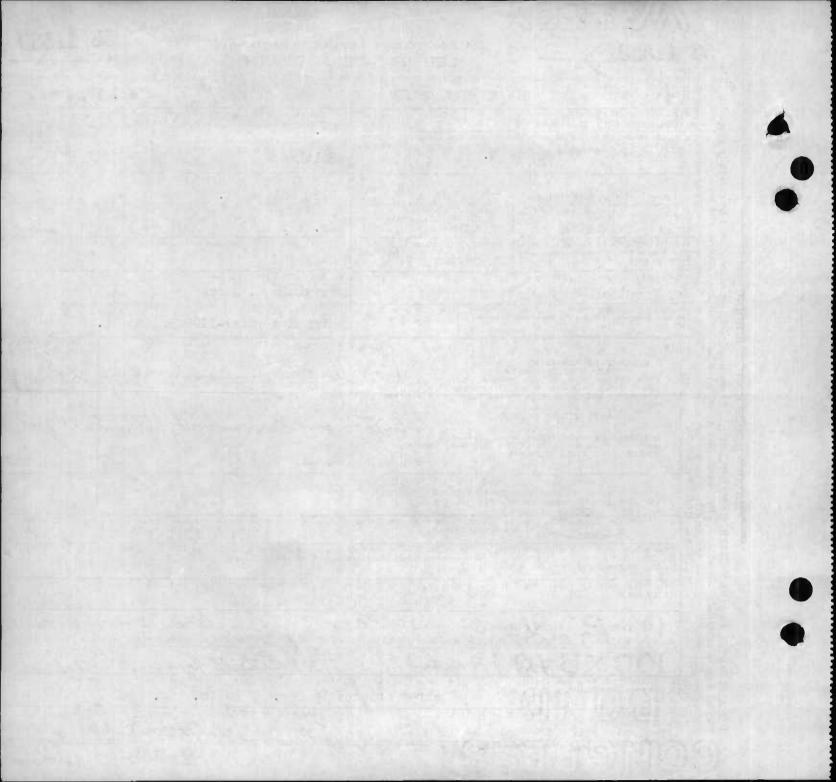
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

OF INJURY

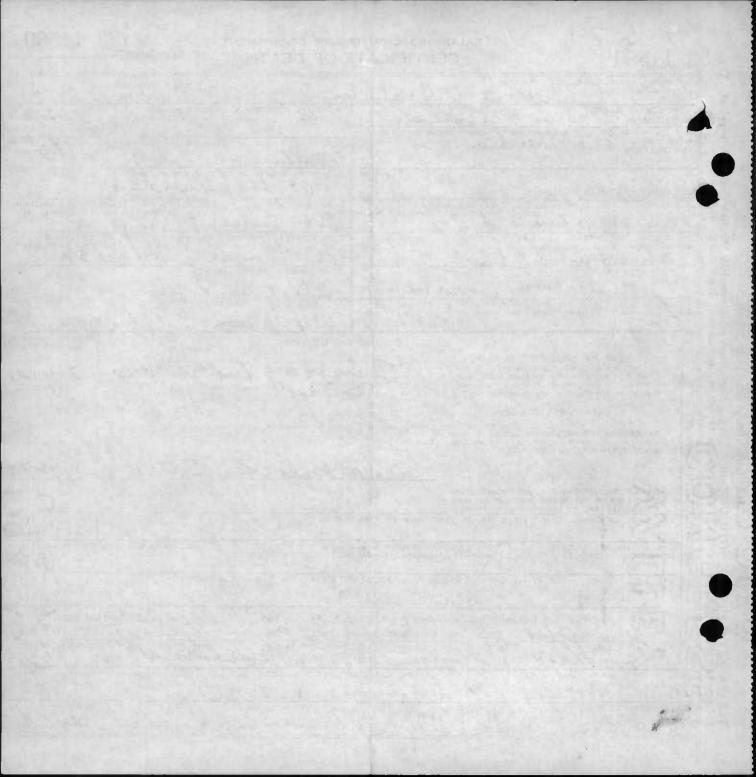
23A. SIGNATURE



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	car	CIL
MARGIN RESERVED FOR BINDING	ISE WRITE PLA Y, WITH UNFADING INK. Every item of information should be car	te causes of death clearly and
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RESE	INK	please
MARGIN	UNFADING	Physicians: 1
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		S
	PLA	cially
	SE WRITE	t age is

11/	C-150	
1	BALTIMORE CITY HEALTH DEPARTMENT	53 11560
13	3 11560 CERTIFICATE OF DEATH Regis	stered No.
	1. NAME OF DECEASED,	
1	(Type or Print) William E. Graham OF DEATH	Dre 28.1957
1	3. PLACE OF DEATH: // // // // // // // // // // // // //	
	A. Baltimore City, Maryland & all A. STATE  B. COU  B. FULL NAME OF (If not in hospital gr institution, give street address or	JNTY before admission)
		rate limits, write RURAL and give township)
	Bultimore	7 - Con Hamp)
	Yrs. D. STREET ADDRESS (If rural, give locations)	
	c. Length of stay in Baltimore	-
	OA O WDOWED, DIVORCED (Specify) last birth	day) Months Days Hours Min.
1	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country	
WC	work done during most of working life, even if retired) INDUSTRY	) 12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	u uo.k.
	William I Graham Dois A. O.	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS C.
C	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 11. INFORMANT	lan XX Men dius
-	18. 002X . CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Pulmon on Tubersul	tres 2 410.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Blockers	
	ANTECEDENT CAUSES	
2		
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
1	UNDERLYING CONDITION LAST.	~//-
I I	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CON-  OTHER SIGNIFICANT CONDITIONS CON-	10. 3 900.
0	OTHER SIGNIFICANT CONDITIONS CON-	
	TO THE DISEASE OR CONDITION CAUSING IT.	
-	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10	21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e. g., in or   21c. WHERE DID (If in Baltimor	re City, give exact location)
	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimor land)	
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
	OF INJURY  WHILE AT NOT WHILE  MORK AT WORK	
		2, 195 hat I last saw the
		nd on the date stated above.
	23A, SIGNATURE 23B, ADDRESS	23c. DATE SIGNED
	J. Kar Sylvan M.D. (2/2 n. Jaluna	June 15/28/23

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) zuria ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



The	3	11561 BALTIMORE CITY HE CERTIFICATE	
	(T	NAME OF DECEASED FORSTER LOUIS	DEATH
ilqqu	Α.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE  B. COUNTY  B. COUNTY
carefully supplied.	H	SPITAL OR STITUTION SINAI HOSP	C. CITY OR TOWN (If outside corporate simils, write RURAL and give township)
care	c.	Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  9 26 E. Eogus L
on should be carefu	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3. DATE OF BIRTH  Queg 11. 1892  9. AGE (In years If Under I Year Months Days Hours Min.  4. 24
	WO!	A. USUAL OCCUPATION (Give kind of done during most of working life, exan if retired)  force familie for Left Selmuck	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cl	13	Charles For ster	Gertruele Kunkel
R BINDING	(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? , ao or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Was Maryaret Forster 926 & Eagle sh
RESERVED FO INK. Every its please write the	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	of DEATH  Cereposes and  Hygs  nom atoms due to
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ht .	AL	19a, DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN PART I OR PART II
200	MEDIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (cabout home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER)	e.g., in or bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?
RITE PLAIN is especially		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY   m. WHILE AT NOT WHILE AT WORK	LE
		1444 17514 1161	726, 1953 to 12/29, 1953 that I last saw the rred at 7 pm., from the causes and on the date stated above.  3B. ADDRESS 23c. DATE SIGNED
PLEASE W		A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE. N, REMOVAL (Spedity)  AND 24C. NAME OF CEMETE.  White Control of the control	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
PLE	D.	TE RECEIVED BY REGISTRAR'S SIGNATURE OFC 20105 Luntington Valiants My	Eline W. Corkling 24 Lugar
		VS 150 0 56425	

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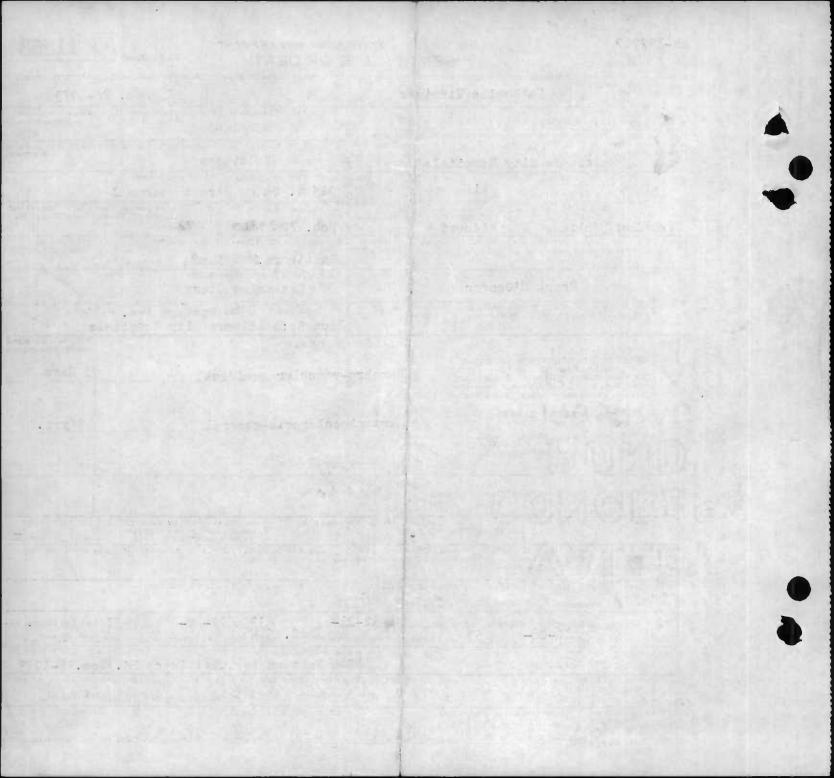
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T-552 AB-177919 3 11563

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11563

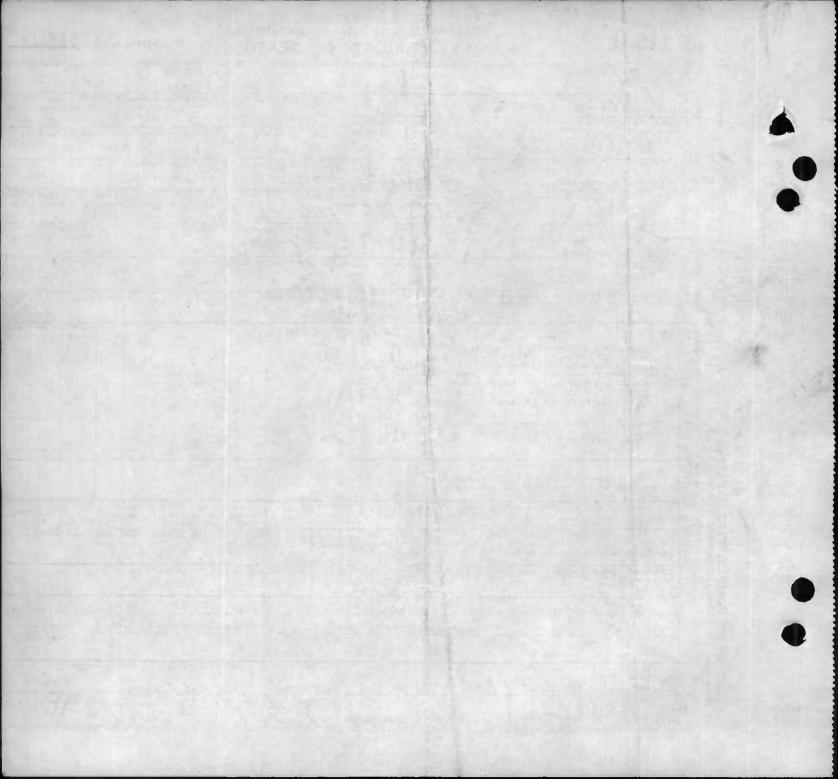
BI	RTH NO.			OLIVIN IOATI	L OI DEF	X 1 1 1				
1. (T	NAME OF D ype or Print)	eceased Cath	erine T	immings		2	OF Dec.	28-1953		
A.	PLACE OF D Baltimore (	City, Maryland	l on institut	ion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE Maryland B. COUNTY before admission					
H	SPITAL OR	Baltimore City		location)	C. CITY OR TO	OWN (If out Baltimore	side corporate limits	s, write RURAL and give township)		
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days		DRESS (If run hase Stree				
	SEX Female	6.COLOR OR RACE	7. SINGLE WIDOW Widow	E. MARRIED, /ED, DIVORCED (Specify)	Feb. 7,	1111		under   Year   H Under 24 Hours   Hours   Min.		
10 worl	A. USUAL OC	CUPATION (Give kind of cf working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S	Frank 0'(	Connor		14. MOTHER'S	MAIDEN NAME	E			
15 (Ye	s, no or unknown)	ED EVER IN U.S. ARMET (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN Records:Ba	т 4940 Eas altimore (	stern Ave.Accity Hospita	odress als		
RTIFICATION	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Cerebro-vascular accident  DUE TO  (B) Arteriosclerosis—general  DUE TO  (C)							onset and death 5 days 20yrs.		
CE	TO THE	DEATH BUT NOT I	RELATED TO	TION FOR WHICH OF	TEDATION.					
AF		0   v	AS PERFO		PERATION		N WAS RELATED TO DEATH, ENTER II PART II			
MEDICAL	OR CONTRIL	ENT WAS UNDERLYI BUTING∐ CAUSE OF FIFY MEDICAL EXAMINE	about	e. g., in or 21C. W bldg., etc.) INJUR		in Baltimore City,	give exact location)			
	OF INJURY	Y OCCUR?								
	23A. SIGNA 4A. BURIAL, DN. REMOVAL (S		Does		36. ADDRESS 40 Eastern RY OF CREMATO	Ave. Bal	causes and on th	3 that I last saw the redate stated above.    23c. DATE SIGNED     Dec. 28-1953     Or county   (State)		
D	ATE RECEIVE DCAL REGIST	PAR /	SSIGNATU		25. FUNERAL	DIRECTOR	1 1 1	ADDRESS %		

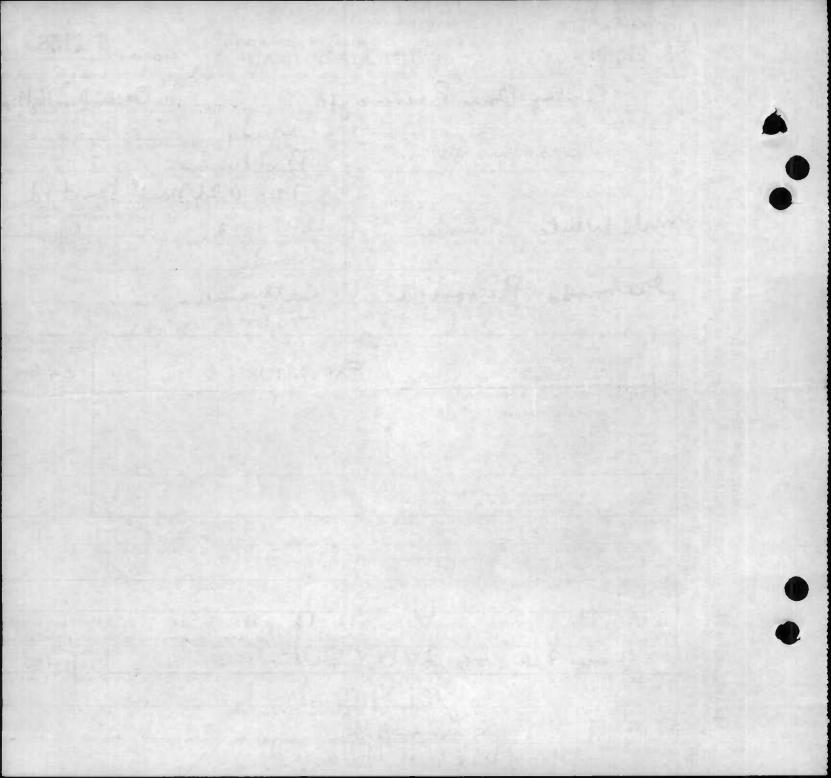


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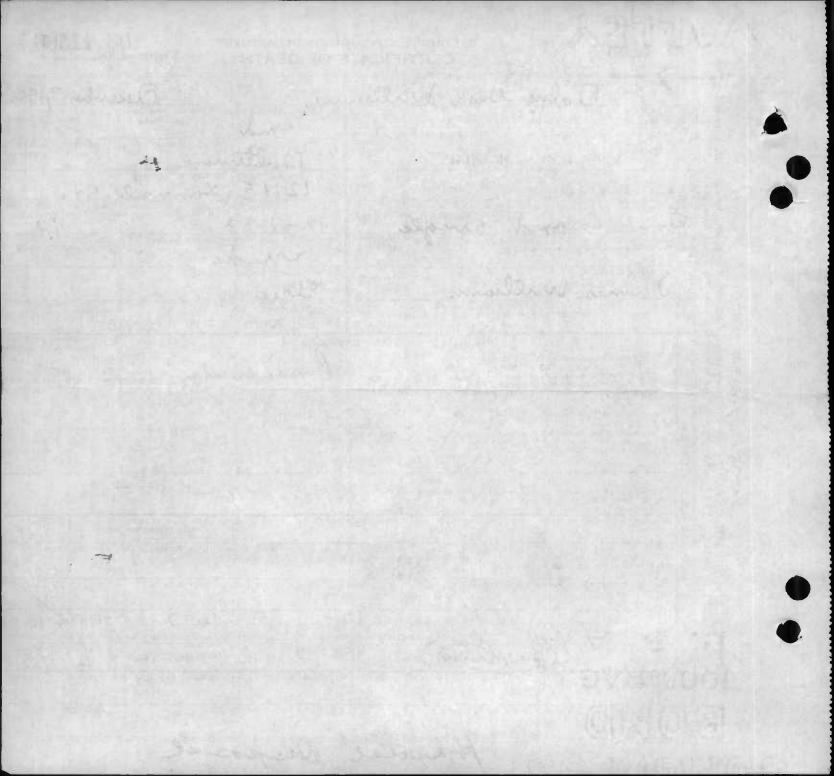
The	1.	11564 RTH NO.			CERTIFICA	ATE OF			2. DATE	3 11564
carefully supplied.	(T	ype or Print)	LEMENTIN	E			OF 12/2	28/5-3		
pli		PLACE OF D Baltimore (	EATH: City, Maryland			4. US		ENCE (W)	nere deceased lived. If in	nstitution : residence before admission)
ins	В.		OF (If not in hospit	al or institu	tion, give street addre	, ,	ARYLANT.			, 9
lly	IN	CTITUTION	UNIVERSITY	HARR		C. CI	TY OR TOWN		outside corporate lifatts,	write RURAL and give township)
efu	13	- Y	Jiiio Extery y	17051			ATIMORE		ural, give location)	
car		Length of s	tay in Baltimore			100	40 PEN			
should be learly and l		SEX	6. COLOR OR RACE	7 SINGL	E. MARRIED,	8. DA	TE OF BIRTH		9. AGE (In years) H	Index 1 Year II Under 24 Hours
ıld an		1=	C		WED, DIVORCED (Sp.	ecify) A	UC. 13,	1898	last birthday) Mon	ths Days Hours Min.
shou	10	A. USUAL OC	CUPATION (Glve kind of	10B. KIN	D OF BUSINESS OF	11. BI	RTHPLACE (			12. CITIZEN OF
on s	W 01 1	work done during most of working life, exen if retired) HOUSEWIFE INDUSTRY					ARYLAN	10		U.S.
NDING information s of death cle	13	FATHER'S					OTHER'S MA			
NG rm dea			JOHN/ 1	PE DMO	ND	/	MARY	HALL		
DII of of	15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY N	0. 17. IN	FORMANT	D	AD	DRESS
R BINDING em of inform causes of de			140 .		220-30-	60		PATIEN	T	
m m		18. 432	X		CAUS	E OF DI	EATH			INTERVAL BETWEEN
it o		DISEAS	E OR CONDITION		Pa	inn d	tis, p	. 1-	_	8 dage
Every write th		(This does heart failu	not mean the mode ore, asthenia, etc. It mes	f dying, e.	g., (A)	ICOFO	ris, p	uruses	1. F	4 010,43
VE Ev		injury or	complication which	eaused deat	h.) DUE TO					
			ANTECEDENT CAUS	SES						
RESE. INK.	ATION		OR CONDITIONS, I			*******************	** *** *** *** *** *** *** *** ***	************		******
G.	AT	UNDERLY	HE ABOVE CAUSE (A)	STATING T	HE DUE TO					
MARGIN FUNFADING Physicians: p	15				(C)		***************************************			
AR FAI sici	RTIFIC		() NIFICANT CONDITIONS							
M	CEF		DEATH BUT NOT		O THE				***************************************	
	,	19A. DATE O		98. COND	ITION FOR WHICH	OPERATI			ON WAS RELATED TO	
WITH rtant.	CAI	21A ACCIDE	ENT WAS UNDERLY			V /a - ta -	1	PART I OF		YES NO
	ā	OR CONTRIE	SUTING CAUSE OF	about	home, farm, factory, street,	office bldg., etc.	INJURY O	CCUR?	I in partimore Orty, g	sive exact location)
ILY, WITI	ME				21- 11/11/24 0001	IDDED.	61= 11011	DID INII	IDV OCCUPA	
PLEASE WRITE PLAINLY, correct age is especially impo		OF INJURY	Month) (Day) (Year)			WHILE	ZIF. HOVV	מום וואזכ	JRY OCCUR?	
				m.		WORK	1-2	1:	2/20 /3	
		22. I hereb	y certify that I at	tended the	e deceased from	1 21	, 19_	_, to	$\frac{2}{28}$ , $19\frac{5}{3}$	that I last saw th
		deceased at		, 19 23.	and that death o	eeurred at		, from th	e eauses and on the	e date stated above
WR.		Jve.	sh R. Bors		м. D	11201.10		HOSP		12/08/53
E	24	A. BURIAL	REMA- 248, DATE		24c. NAME OF CEM			24D. LO	CATION (City, town,	or county) (State)
AS	110	Bures	P Jan. 2.	1954	new C	athe	dias	10	allowine	1. Bul
LE		ATE RECEIVE		SSIGNAT	URE,	1 3. 5	WERAL BIE	ECTOR	l Tures	ADDRESS
PH 2		ULUSU		erna !	Walladua .	13.11	63/K	mi	D Hil	I Que
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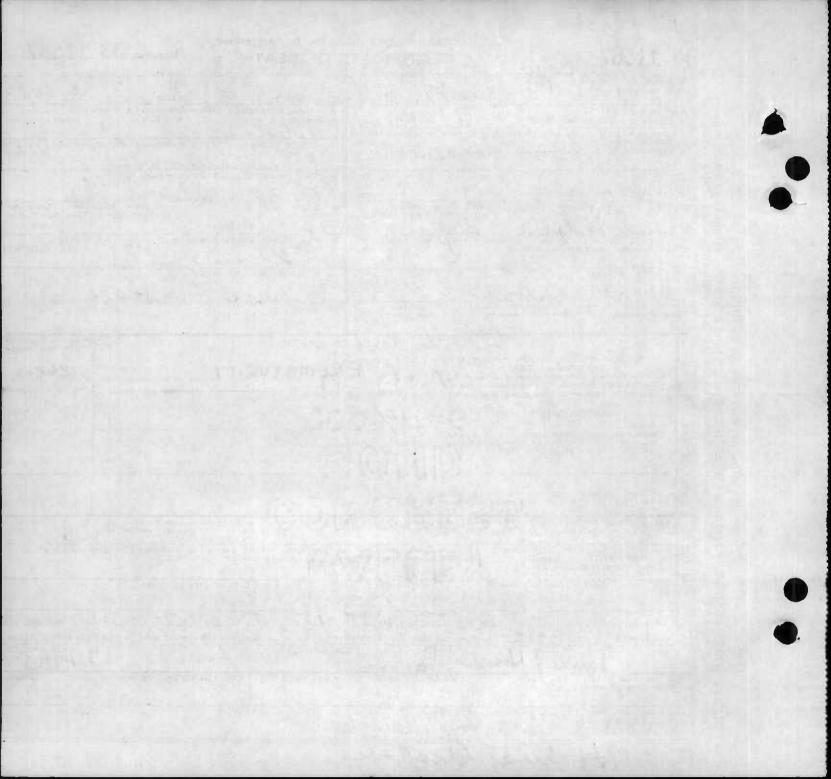
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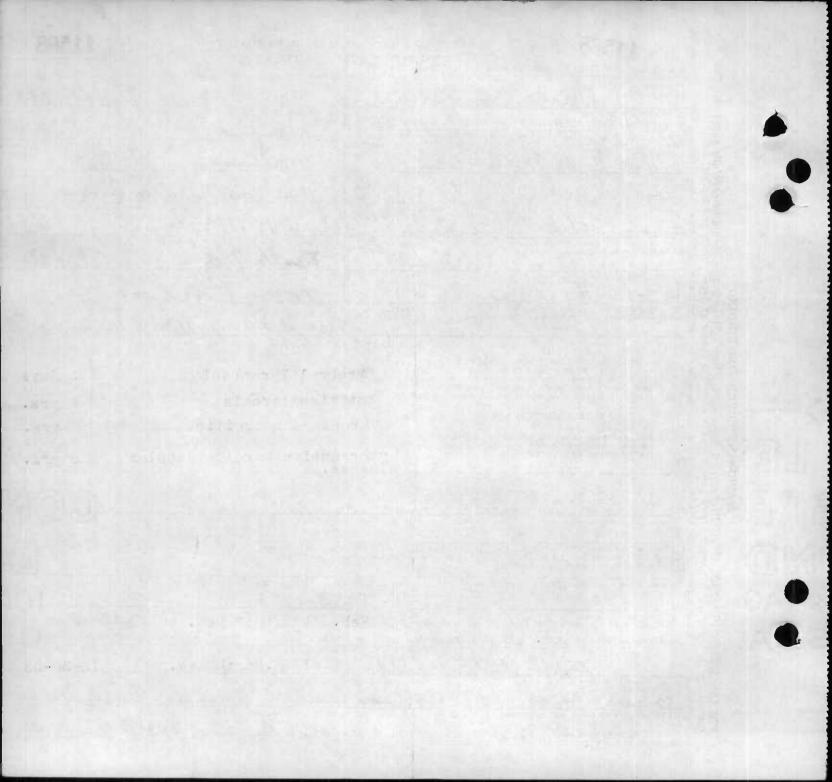


The	111 11786	CITY HEALTH DEPARTMENT FICATE OF DEATH	53 11566 Registered No.
	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE (Where de	EATH December 1,1953
carefully supplied.	JOHNS HOPKINS HOSPITAL	Yrs. D. STREET ADDRESS (If rural, g	corporate lights, write RUPAL and give township)
	c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED WIDOWED, DIVORGED STATES   5. COLOR OR RACE   5. COLOR OR RACE   5. COLOR OR RACE   7. SINGLE, MARRIED WIDOWED, DIVORGED   5. COLOR OR RACE   7. SINGLE, MARRIED WIDOWED, DIVORGED   5. COLOR OR RACE   7. SINGLE, MARRIED WIDOWED, DIVORGED   7. SINGLE, MARRIED WIDOWED   7. SINGLE, MARRIED WIDOWED		GE (In years If Under I Veer II Under 24 Hours to birthday) Months: Days   Hours Min.
ration sho	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign conductor)  14. MOTHER'S MAIDEN NAME	ountry) 12. CITIZEN OF WHAT COUNTRY?
BINDING of information should be uses of death clearly and	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yos, give war or dates of service) SECU	AL RITY NO. 17. INFORMANT JOHNS HOPKINS	
RESERVED FOR I INK. Every item please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	<b>V</b>	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR	WHICH OPERATION   IF OPERATION W	VAS RELATED TO   20. AUTOPSY?
ILY, WITH	OR CONTRIBUTING CAUSE OF Boot home, form, fact DEATH (NOTIFY MEDICAL EXAMINER)	CAUSE OF DEA PART I OR PAR FINJURY (e.g., in er ory, street, office bldg., etc.) INJURY OCCUR?	
	OF INJURY  WHILE AT WORK  22. I hereby certify that I attended the deceased.	Y OCCURRED 21F. HOW DID INJURY CONTROL 21F. HOW DID INJURY	7 , 1953 that I last saw the
PLEASE WRITE PLAIN correct age is especially	deceased alive on 1, 1952, and that of 23A. SIGNATURE (1952).  24A. BURIAL, CREMA- 24B. DATE 24C. NAME TION, REMOVAL (Specify)	JOHNS HOPKINS HO	SPITAL 23c. DATE SIGNED 12/0755. ON (City, town, or county) (State)
PLEAS correct	DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR DFC 301053	25. FUNERAL DIRECTOR	ADDRESS
	VS 150	tal Disposa	





	M-2-60						
carefully supplied. The egibly.	53 11588 BALTIMORE CITY HEAL CERTIFICATE	- 120	. 11568				
	1. NAME OF DECEASED (Type or Print) Dorothy a. Mc Luire	2. DATE OF DEATH Wee					
		. USUAL RESIDENCE (Where deceased lived, If in	nstitution ; residence before udmission				
	1	CITY OR TOWN (If outside corporate limits,	, write RURAL and gir township				
d be carefu	c. Length of stay in Baltimore	STREET ADDRESS (If rural, give location)	venue				
should be		DATE OF BIRTH 9. AGE (In years last birthday) Mon	Under I Year II Under 24 Hours Mir				
on shou	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country)	12. CITIZEN OF				
NG rmation death cl	13. FATHER'S NAME 14	MOTHER'S MAIDEN NAME	U.S.U.				
BINDING of information uses of death cl	15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Helina D. Strock	DDRESS 2 H				
of of ises	n	ary H. Herman - 1/35-11. The	INTERVAL BETWEE				
o it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
-	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  Arteriosclerosis						
2	ANTECEDENT CAUSES						
IN RESE NG INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (D)  (C)  (D)  (D)  (D)	nsive Cardio-vascular	6 yrs.				
MARGIN F UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
H	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	ATION IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II					
LY, WITH important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg DEATH (NOTIFY MEDICAL EXAMINER)	in or 21c. WHERE DID (If in Baltimore City,	give exact location)				
PLAIN ecially	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  OF INJURY  Th. WORK AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	r				
	22. I hereby certify that I attended the deceased from Feb. , 19 4.7to Dec. 28 , 19 53 that I la						
Z. S		ADDRESS	23c. DATE SIGNE 12-30-53				
SE W	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY TION, REMOVAL (Specify)		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				
PLEASE W.	LOCAL REGISTRAR	5. FUNERAL DIRECTOR	ADDRESS				
Ho	VS 150	ohn C. Miller Inc2431 E.	Three St.				



# BALTIMORE CITY HEALTH DEPARTMENT

F-650

VS 150

Registered No. 11569

The	BI	BIRTH NOT 1569 CERTIFICATE OF DEATH										
E	1.	1. NAME OF DECEASED							2. DATE			
ਰ	(T	(Type or Print) Frohn, John J.							DEATH Dec	ember	29.	1953
plie		3. PLACE OF DEATH:				4. US		ENCE (W	here deceased live	d, If instit	tution : re	sidence admission)
Idn		A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or				_11				ALI	Delore	admission)
80	H	HOSPITAL OR location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
El .	0.75	St. Joseph's					Baltimore township)					
ref	-	TO Yrs.					D. STREET ADDRESS (If rural, give location)					
on should be carefully supplied. clearly and legibly.	c.	c. Length of stay in Baltimore  Mos. Days					1803 Rohe Avenue					
	5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Speci		TE OF BIRT	H	9. AGE (In year last birthday)	s It Under	Year H	Under 24 Hours ours i Min.
	M	ale	White		arried		ne 23-18	186	67	Months	24,5	dis ziii.
	10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR 1 work done during most of working life, even if retired)			11. BI	RTHPLACE (	State or fo	reign country)		CITIZEN			
	WOL	Roofer Employee			4	Baltimore, Md. WHAT COUNTRY?						
Sho	13	13. FATHER'S NAME				14. M	14. MOTHER'S MAIDEN NAME					
R BINDING		John Frohn					Mary Borgmann					
	15	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL				17. IN	17. INFORMANT ADDRESS					
	(10	(Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO.			Mrs	Mrs John J Frohn 7803 Rohe Ave						
		18.	Co		CAUS	OF D				1	INTERVAL	BETWEEN
FOR ; item		DISEAS	SE OR CONDITION	DIRECTLY	LY						DNSET A	ND DEATH
FO ite	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)Pulmonary embolism											
RVED Ever write												
		ANTECEDENT CAUSES										
	Mbmembedia femoral wein											
RESEI INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CONTRIBUTIONS  Gangrene both lower extremities											
7 5 .:	AT	UNDERL	YING CONDITION LA	ST.	(C)							
MARGIN R UNFADING	FIC											
AR AI	E		II SNIFICANT CONDITIONS									
P. N.		TO THE	DEATH BUT NOT F	RELATED T	o THE Gang	rene,	both lo	wer ex	ctremities			
	U		F OPERATION / 1	9a. COND	TION FOR WHICH	OPERATI	ON	IF OPERA	TION WAS RELATE	ED TD	20. AUT	OPSY?
WITH rtant.	EDICAL	Nov. 11	& Dec. 9,193	pendi	RMED Acute sa	oftis	no ap-	PARTIC	PART II	211	YES	NO be
rta	100	OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF	about	B. PLACE OF INJURY bome, farm, factory, street, of	(e. g., in o	INJURY O	CCUR?	(If in Baltimore (	Jity, give	exact lo	cation)
ILY, WITH	ME	DEATH (NOT	TIFY MEDICAL EXAMINE	R)								
	-	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUP		21F. HOW	DID INJ	URY OCCUR?			
AII		0, 1,100,111		m.	WHILE AT NOT W	ORK						
PLAINLY, ecially imp		22. I heret	y certify that I att	ended the	deceased from No	vember	r 30.195	3 to De	cember 291	953, th	at I las	t saw the
		deceased a	live on Dec. 29	21952	and that death occ	urred at	10:15am	from t	he causes and	on the d	ate stat	ed above.
WRITE e is esp		23A. SIGNA		ax	170.0	23s. AD						SIGNED
WI			10	XL	elex M.D.	11,00	N. Caro	line	Street	De		153
SE W	2.4 TI	AA. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEME			24b. L	OCATION (City, t	own, or ec	ounty)	(State)
PLEASE correct a	Burial 12-31-1953 Holy Redsemen						Cem		В	alto		Md.
OF THE		ATE RECEIVE		SSIGNAT	URE 14 A 121 Au 34	25 F	UNERAL DI				DRESS	1
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BODY TAMEN BY

NAME

ADDRESS\_\_\_

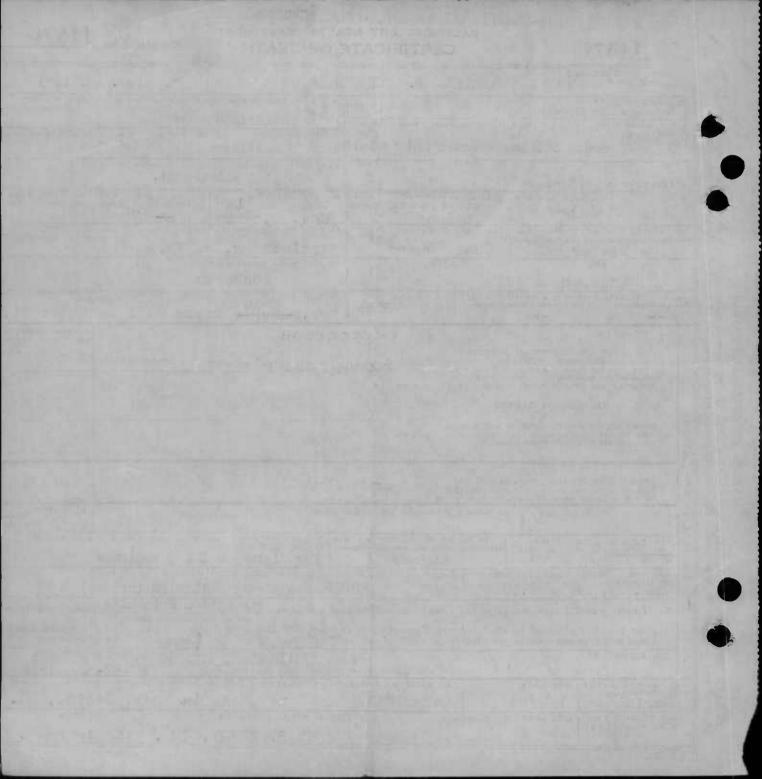
DATE

F	-635					-		
I A	3 11570	BA	CERTIFICATI			ofe d'No.11570		
1.	1. NAME OF DECEASED (Type or Print) SAMUEL FRIEDEN BER			2. DATE OF DEATH 12-30-1953				
Α.	PLACE OF DEATH: Baltimore City, M: FULL NAME OF (J	aryland	ition, give street address or	4. USUAL RESI	B. COUN	ived. If institution: residence NTY before admission		
H	SPITAL OR STITUTION	- F	location)	C. CITY OR TOW	/N (If outside corporat	te limits, write RURAL and give township		
C.	Length of stay in I	J.	Yrs. Mos. Days		RESS (If rural, give locati	cion)		
		OR OR RACE 7. SINGI	E, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIR	TH   9. AGE (In ye	ears If Under 1 Yeer If Under 24 Hours ay) Months Days Hours Min.		
10 worl	done during most of working li	ON (Givekind of 10B. KIN	ID OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME	1,00		14. MOTHER'S N	MAIDEN NAME			
15 (Ye	WAS DECEASED EVER	IN U, S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	coden heres - 471	ADDRESS 129 Lynd Dt Gur		
FICATION	(This does not mee heart failure, asther injury or complies ANTECE		ase, (A)	ebrul M Imose li				
CERTI		II CONDITIONS CONTRIE BUT NOT RELATED TOON CAUSING IT.						
AL	19A. DATE OF OPER	WAS PERF			IF OPERATION WAS RELA CAUSE OF DEATH. EN PART I OR PART II	TER IN YES NO		
EDIC	21A. ACCIDENT WAS OR CONTRIBUTING[ DEATH (NOTIFY MED	CAUSE OF abou	B. PLACE OF INJURY ( at bome, farm, factory, street, office	e. g., in or 21C, WH bldg.,etc.) INJURY		e City, give exact location)		
Z	21D. TIME (Month) OF INJURY	(Day) (Year) (Hour) nn.	21E. INJURY OCCURRI	LE	W DID INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from Jun. 1953 to Icc 31, 1913, that I last saw the deceased alive on Icc. 29, 1953, and that death occurred at 61, m., from the causes and on the date stated above							
	23A. SIGNATURE	thousand H. B.	X M. D.	25 16 L	inten Ave	12-38-53		
TIC	1	2-31-19\3	Youlkern	leve	Balto.	MO		
	CAL REGISTRAR	REGISTRAR'S SIGNAT	TURE WILLIAM	25. FUNERAL D	s m - 2102	Eulaw PL.		
	VS 150	0	4	-906C				

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BINDING

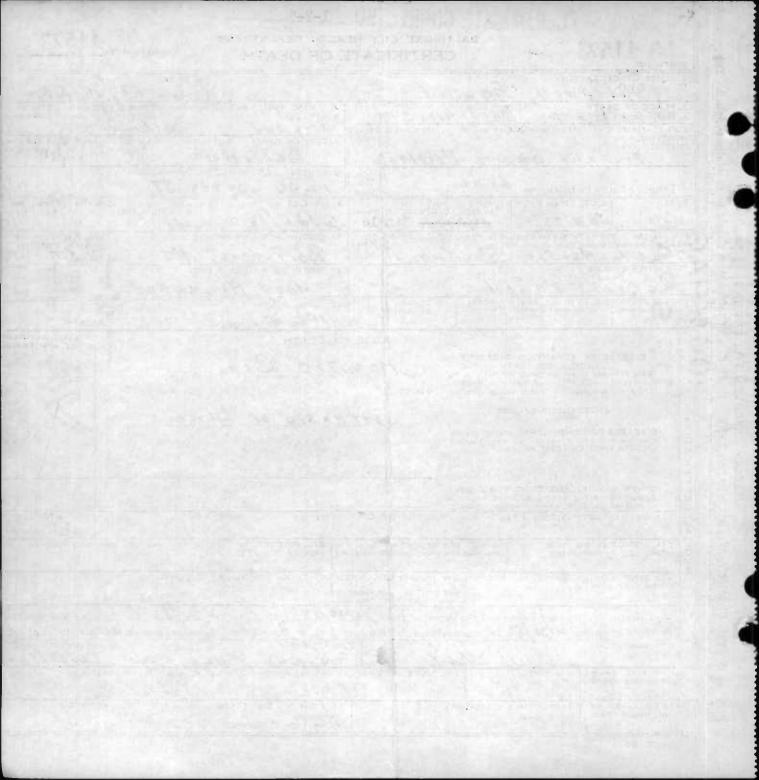
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VED	Ever	write
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RGI	ADI	icians: p
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	ITH	ant.
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	SE	t ag
	PLEA	correct age is

1	7	5.	3 11572						
		DALTIMORE CITY HEALTH DEPARTMENT							
	BI	CERTIFICATE OF DEATH Registered No							
		1. NAME OF DECEASED 1 2. DATE 1							
	(T)	Thomas Tanklin Hidey DEATH VECEN	1ber 30, 1953						
		PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If in							
ĺ	-	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or 100 74 0 14	before admission)						
1	HO	OSPITAL OR location) C CITY OR TOWN (If outside corporate inits	write RURAL and give						
	IN	1) 5205 Brynn Oak Denve-7- Baltimore 28-	() Lawnship)						
	6	Yrs. O. STREET ADDRESS (If rural, give location)	4.00						
		Length of stay in Baltimore 16 Mor 5205 Grygn Oal A	Le -1-						
	-	SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   19. AGE (In years)   8.	Under 1 Year   If Under 24 Hours						
	X	1/2/0   M/4/TO   N/4/Y/A/   N/4/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	the Days Hours Min.						
	10,	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF						
		k dame during most of working life, even if retired)	WHAT COUNTRY?						
1	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME /	uited states						
	15	Chilotopher Haley LA 120 Jones							
	(Yes	a, no or unknown) (11 yes, give wer or dates of service)   SECORITY NO.	DRESS						
	-	NC 217-32-9890A /1D, Jayah E. Hodey 5 LOS Gu	you call the-)						
		18. SOLO CAUSE OF DEATH	INTERVAL BETWEEN						
		DISEASE OR CONDITION DIRECTLY	1. 1r						
		(This does not mean the mode of dying, e.g., (A)	IWN						
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO							
		ANTECEDENT CAUSES	"7						
	z	ANTECEDENT CAUSES C/YY hos/5 of LIVEY	Jyea75						
	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO							
	1	UNDERLYING CONDITION LAST.							
	FIC								
	RTII								
	ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED							
	U	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
	A L	Total British Co.	YES NO P						
	0	21A. ACCIDENT. SUICIDE,   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, gi	ve exact location)						
	ED	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
	Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
1		OF INJURY WHILE AT NOT WHILE							
		22. I hereby certify that I attended the deceased from Pecember 14. 1953to presenting	., . , , , , , , , , , , , , , , , , ,						
4		deceased alive on Accurred at 1 m., from the causes and on the 23A. SIGNATURE	e date stated above.						
		Miller of 1 12/2011   Killer was ( Sill HA Patt) Mill	12/20/62						
		44. BURIAL 24B. DATE   24C. NAME OF CEMETERY OF CREMATORY   24D. LOCATION (City, town,	or county) (State)						
		ON REMOVAL (Specify) /2/Cu Americal Delega Pilleralle	Med.						
	DA	ATE RECEIVED BY   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR	ADDRESS						
	LOCAL REGISTRAR								
	3.3	El 21 16 1913 . Taylor Philipping To WE God Jole, 1217 Ot. 124	25 3/.						
J		VS 150 1000							
-									





ERTIFICATIO

NAME OF DECEASED (Type or Print) OZLES 3. PLACE OF DEATH: 4. USUAL RESIDENCE . Baltimore City, Maryland A. STATE FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN INSTITUTION Yrs. o. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGBE, MARRIED 8. DATE WIDOWED, DIVORCED-(Specify) Jenaka 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or 1 work doneduring most of working life, even if retired) INDUSTR Hous & weste VOSU 2 13. FATHER'S NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) PRIENIOSCLERO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. OUE TO UMSCULAR 015E injury or complication which caused death.) ANTECEDENT CAUSES (B) CEREBARY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

UNDERLYING CONDITION LAST.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

OF

53	11574
Registered No.	
2. DATE	
DEATH DEC	.30-53
Where deceased lived, If inst	itution: residence before admission)
outside corporate limits, w	rite RURAL and give township)
rural, give location)	
evoir st.	TOTAL PARTY
	1 Year   H Under 24 Homs S Days Hours Min.
oreign country	CITIZEN OF
	WHAT COUNTRY?
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0120240	
11955T. ADDI	211
Mangrus If.	MA a
	ONSET AND DEATH
TIC CARN	
ASE & PULM	PRIMARY
Dana Hana	the shield the
PREMINISIS	
LEEF -	
	5 6 4 1
	20. AUTOPSY?
	YES NO T
If in Baltimore City, give	exact location)
Y OCCUR?	
	N ET LINE
12/30,1953t	hat I last saw the
the causes and on the	
	3c. DATE SIGNED
e Could	12/39/53
OCATION (City, town, or	county) (State)

Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDIC 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? HOMICIDE 21F. HOW DID INJUR 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that Lattended the deceased from. 1953, and that death occurred at 8:26 m. from deccased alive on\_ 23B. ADDRESS 23A. SIGNATURE

0 60.5

DUE TO

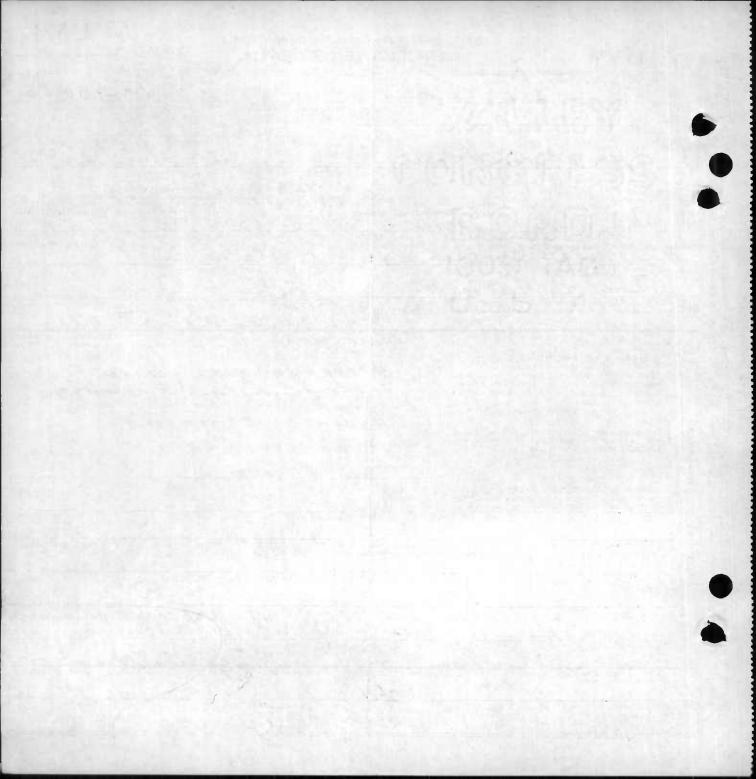
24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

248. DATE

24c. NAME OF CEMETERY OR CREMATOR

25. FUNERAL DIRECTOR

ADDRESS



PLEASE correct 23A. SIGNATURE

24B. DATE

REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA

DATE RECEIVED BY

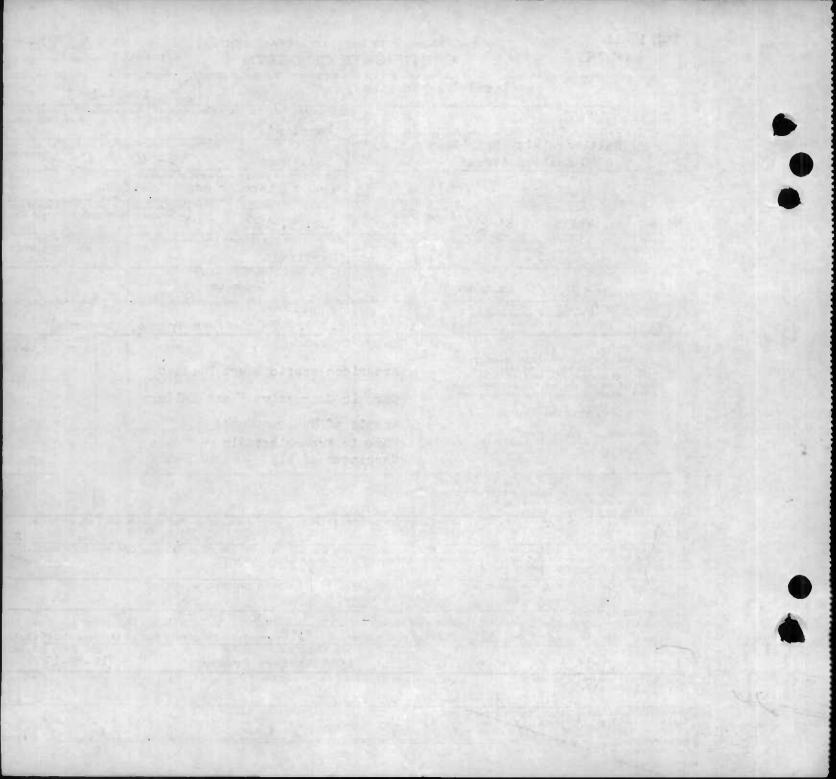
LOCAL REGISTRAR FC 21 VS/ 150

FVJ 12411	BALTIMORE CITY HE		53 Registered No.	11575
1. NAME OF DECEASED (Type or Print)	Leonard Bauer		2. DATE OF 12-29-	1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita HOSPITAL OBALTIMORE City NSTITUTION 4940 Eastern  c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE Male White  10A. USUAL OCCUPATION (Give kind of work dumaduring most of working life, even if retired)	Hospitals location)	A. USUAL RESIDENCE (WA. STATE Mary land C. CITY OR TOWN (If Baltimore		before admiss
c. Length of stay in Baltimore	Life Yrs. Mos.	b. street address (If 14940 Eastern Ave	nue B.C.H.	
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Jan. 5, 1360	9. AGE (In years   It lind last birthday)   Month	of I Year if Under 24 B Days Hours 1
10A. USUAL OCCUPATION (Give kind of work duaduring most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNT
o regard Danes	nknewn	14. MOTHER'S MAIDEN NA -Unknown		hardt
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates  18. 470.0 and	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. 4940 Easte		cords)
DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	DIRECTLY H dying, e.g., (A) Arteri sthe disease, nused death.)  DUE TO Chronic	osclerotic Heart I c Congestive Hear	**************************************	INTERVAL BETWOONSET AND DE
Z DISEASES OR CONDITIONS, IF	(B) Anemia	of Unknown Cause	/	
A DINDERLING CONDITION LAS	STATING THE DUE TO Chroni	Bronchiectasis		
OTHER SIGNIFICANT CONDITIONS  TO THE DEATH BUT NOT R  DISEASE OR CONDITION CAUSING	ELATED TO THE	-		
19A. DATE OF OPERATION 19	B. CONDITION FOR WHICH OF AS PERFORMED	CAUSE O	TION WAS RELATED TO F DEATH, ENTER IN R PART II	20. AUTOPSY
V.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER 21D TIME (Month) (Day) (Year) (	about home, farm, factory, street, office	. g., in or 21c. WHERE DID (	If in Baltimore City, given	
21D TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	E	URY OCCUR?	
of INJURY  22. I hereby certify that I atte deceased alive on 12-29-	ended the deceased from 8-	28- 1930 to 12	- 29-, 1953, the causes and on the	hat I last sau date stated ab

23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

12-29-1953 ed lived. If institution : residence before admission) porate limits, write RURAL and give township) cation) B.C.H. n years If Under I Year If Under 24 Hours thday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS (records) nue INTERVAL BETWEEN ONSET AND DEATH LTO RELATED TO 20. AUTOPSY ENTER IN NO I YES nore City, give exact location) JR? , 1953, that I last saw the and on the date stated above. 23c. DATE SIGNED 12-29-1953 4940 Eastern Avenue 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS



Hambert Committee of the Smart har har a district to College Harrister Courts - Leave

53 11577

Registered No\_

DEATH Dec. 28.

If Under 1 Year

12. CITIZEN OF

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

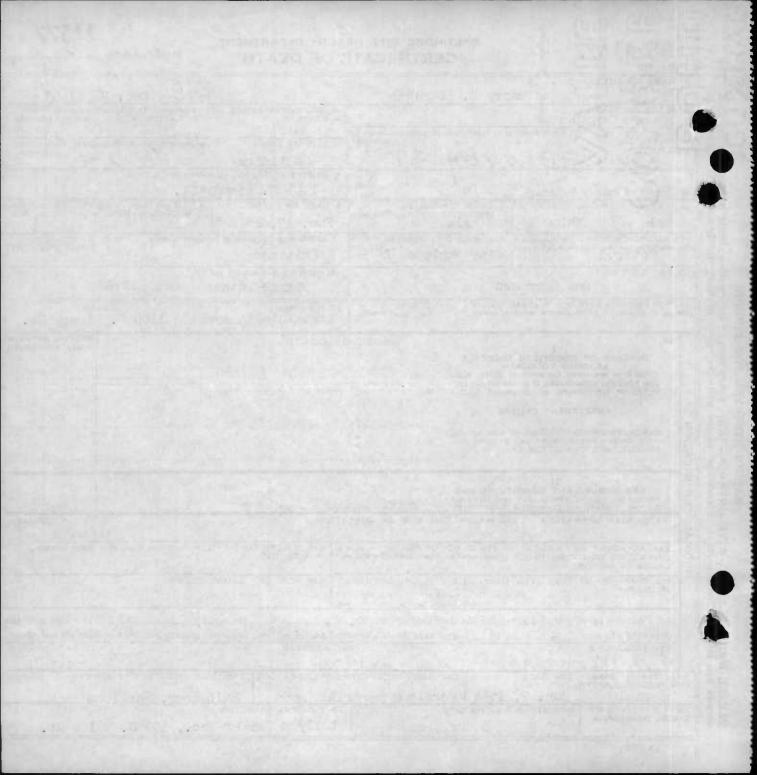
ONSET AND DEATH

ADDRESS 1105 S. Binney St.

20. AUTOPS

23c. DATE SIGNED

ADDRESS



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## BALTIMORE CITY HEALTH DEPARTMENT

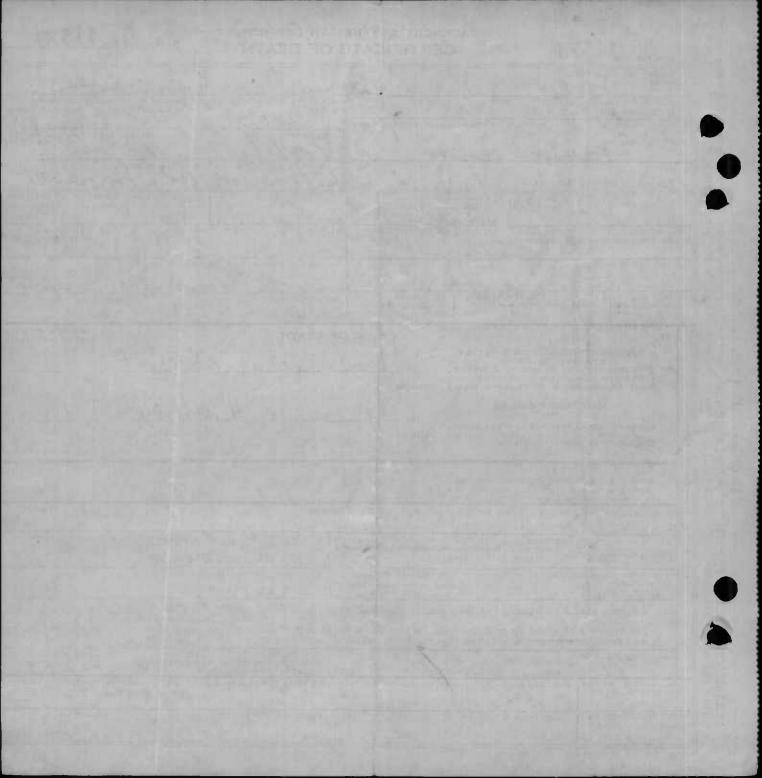
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ŘíŘ <b>Z</b> H	No.1.5	78	(	CERTIFICAT	E OF DEATH	Registe	ered No.	110/0
I. NAN	AE OF DE		JEAN	MATULA		2. DATE OF DEATH	Dec. 29	9, 1953
	CE OF DE	eath: lity, Maryland			4. USUAL RESIDENCE (	Where deceased li	ved. If institu	
	L NAME ( TAL OR 'UTION	St. Joseph		n, give street address or location)		If outside corporat	te limits, write	te RURAL and give township)
c. Len	gth of st	ay in Baltimore		life Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give locati	ion)	249
5. SEX Fema	ale	6.COLOR OR RACE White	ma	D.DIVORCED (Specify)	Jan. 4, 1917	36		Year If Under 24 Hours Days Hours Min.
vork done	hous	CUPATION (Give kind of f working life, even if retired) SEWLIE		of Business or INDUSTRY t home	Baltimore, Md.		"	STIZEN OF WHAT COUNTRY
13. FA	THER'S N		olitan		14. MOTHER'S MAIDEN I	unknown		
		D EVER IN U. S. ARMEE (If yes, give war or date		16. SOCIAL SECURITY NO.	Joseph Matula,	husband, a	ADDRE above	ess
RTIFICATION	heart failuinjury or DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication is the complication of the complication of the complication is the complication of the complication in the complication is the complication of the complication in the complication is the complication of the complication in the complication is the complication of the complication in the complication in the complication is the complication of the complication of the complication in the complication is the complication of the complication of the complication of the complication of the complication which is the complication of the complication of the complication which is the complication of the complication which is the complication of	of dying, e.g., ns the disease, caused death.; SES  FANY, GIVING STATING THE ST.  TIONS CONNOT RELATED	(B)	bronchopneumonia			
19A		F OPERATION 1		FINDINGS OF OPER	RATION			20. AUTOPSY'?
ĕ UND	DERLYING	IAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	21B. PLAC	CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(If in Baltimore		
Σ 21D	TIME (	Month) (Day) (Year)	W	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
22.	the evi	dence obtained by	ge of the r	cmains described on su. Inspection or	above, held an auto Autopsy Inquiry, find that said s ℤ, accident □, suicid	, Inspection or Indeceased died	on the da	ereon and from y stated above ermined  .
234	A. SIGNAT		for.	sher M	23B. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	EXAMINER	Dec.	30, 1953
TION, B	BURIAL. CEMOVAL (S	REMA- 24B. DATE pecify) Jan. 2,		4c. NAME OF CEMETE Holy Redeemer		Baltimore	, Md.	unty) (State)
	RECEIVED REGISTI	RAR REGISTRAR	S SIGNATUR	Cieus, 7	35 FUNERAL DIRECTOR Schimunek Funera 2601-3-5 E. Mad	al Home, I	Inc.	DRESS
V S 1:	51	- 9						31

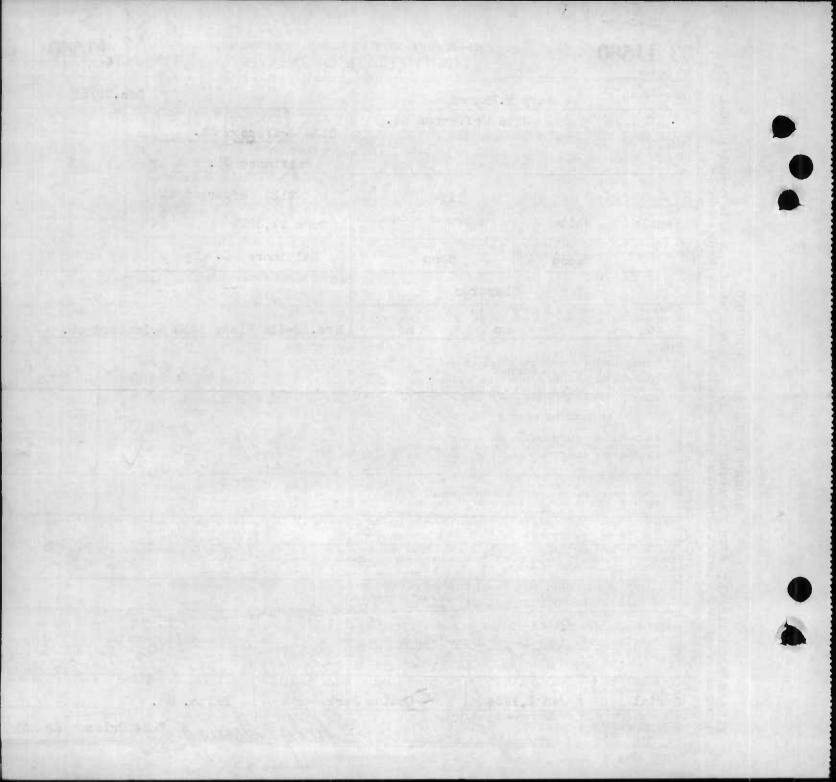
Liotaetion

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEMBED 2. DATE (Type or Print) OF DEATH. 3. PLACE OF DEATH 4. USUAL RESIDENCE ere deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (M/rural give location Mos. KAT c. Length of stay in Baltimore Sevela Days 6. COLOR OR RACE 9. AGE (In years | Months: Days | Hours: Min. WIDOWED, DIORCED (Specify) should BIRTHPLACE (State or foreign country) IOA, USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 15. WAS DECEASED EVEL IN U. S. ARMED FORCES?
(Yes, no or unknown) (If A. s., give war or dates of service) 16. SOCIAL NFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes jo INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY y ite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO Massive Hurtheray 囟 ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш Ü 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ā 1303 Gilmore Street UTING I CAUSE OF DEATH. House 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Dec. 26, NOT WHILE X WHILE AT 6:00 P. m. Shot in chast WORK 22. I certify that I took charge of the remains described above, held an thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide K undetermined []. 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY LOCATION (City, town, or county) 248. DATE TION, REMOVAL (Specify) correct PLEA ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR SIGNATURE LOCAL REGISTRAR

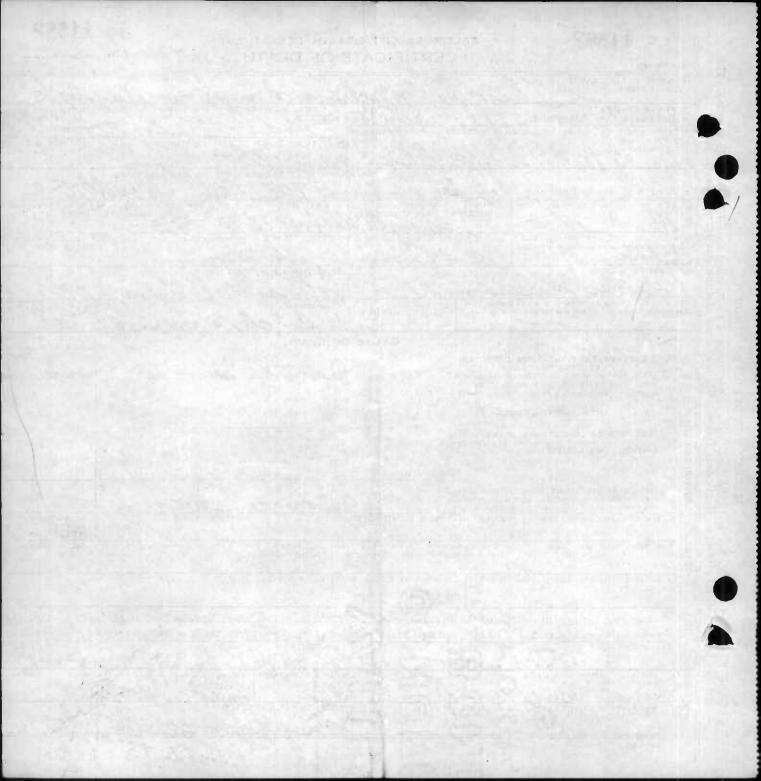
BINDING



(T	NAME OF DECEASED  Type or Print)  Mary R. Hammen		of Dec.29/53
A. B.	PLACE OF DEATH: Baltimore City, Maryland 2135 Jefferson FULL NAME OF (If not in hospital or institution, give stronger of the company of the	St. reet address or location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission 2138 Jefferson St.  C. CITY DR TDWN (If outside corporate limits, write RURAL and give township township)
	. Length of stay in Baltimore life	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2138 Jefferson St
5.	Female White 7. SINGLE. MARRIE WHICHER, DIVOR	D, RCED (Specify)	June 17,1879  9. AGE (In years last bir play)  Months Days H Under 74 Hours Min
10 vorl	OA. USUAL OCCUPATION (Give kind of rek done during most of working life, even if retired)  **None** none**	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Baltimore Md. 12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME Chartruc		14. MOTHER'S MAIDEN NAME
15 (Ye	an a	IAL URITY NO.	17. INFORMANT ADDRESS Mrs.Amelia Kiser 1336 W.Lombard St.
ERTIFICATION	ONDERETHING CONDITION EAST.	TD L	may Thinker's
AL C	19A. DATE OF OPERATION   19B. CONDITION FOR		CAUSE OF OBATH. ENTER IN YES NO
1EDICA		OF INJURY (e. ctory, street, office b	e. g., in or bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	RY OCCURRE NOT WHILI AT WORK	E
	23A. SIGNATURE	death occur	to 12 - 9 - 19 3, that I last saw the red at m., from the causes and on the date stated above 38. ADDRESS 23c. DATE SIGNED AND AND AND AND AND AND AND AND AND AN



	153 11 53 11	1582			EALTH DEPARTMENT E OF DEATH	53 Registered No	11582
	NAME OF D	DECEASED The	leone	re Wesse	rsmith	2. DATE OF DEATH	20/53
	PLACE OF D Baltimore (	City, Maryland	57086	Parke Folto	A. STATE	Where deceased lived, If in	stitution residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	ital or institut	ion, give street ddress or location)		f outside corporate limits	write RUEAL, and give
	Langth of a	to in Politica	alut 1	Yrs. Mos.	Franc /to	rural give location)	Holio
	SEX	tay in Baltimore		Days  Days  Days  Days  Days  Days		9. AGE (In years) # U	nder 1 Year   H Under 24 Hours
	M	W.		Surale (Recify)	Fet. 19, 1870	last birthday Mon	ths Days Hours Min
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	2. CITIZEN OF WHAT COUNTRY
TI.	FATHER'S	NAME	Mas	a Buonson	14 MOTHER'S MAIDEN N	LAME!	
	Thill	Res Mess	ersm	ith	Johnson	Postram	-1
TS (Ye	MAS DECEAS	EVER IN U, S. ARMI (If yes, give war or date	D FORCES? les of service)	16. SOCIAL SECURITY NO	17 NFORMANT	Wasser all	Mary Jos.
	18.	2/1		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEA	SE OR CONDITION			0 + C	-	ONSET AND DEAT
	heart failt	LEADING TO DE, s not mean the mode are, asthenia, etc. It me complication which	of dying, e. g ans the diseas	e,	artie à	luores	Valenn
		ANTECEDENT CAL	SES				
ERTIFICATION	RISE TO 1	S OR CONDITIONS. THE ABOVE CAUSE (A YING CONDITION I	) STATING TH	IG	***************************************	······	
FIC				(C)			
CERT	TRIBUTING	II  SIGNIFICANT CONI  G TO THE DEATH, BUT  DISEASE OR CONDITION	NOT RELATE	1-	Jahrny cod	Nac	
L				FINDINGS OF OPER	RATION	7	20. AUTOPSY?
DICA	21A. ACCIDE	ENT. SUICIDE.	21B. PLA	CE OF INJURY (e.g., i	n or   21c. WHERE DID (	(If in Baltimore City, giv	YES NO
1	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	( ), 5	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
	22. I hereb	y certify that I at			Jan, 1953 to_	Dec 29, 1953	that I last sam th
		live on Dea 29			rred at 9150m, from	the causes and on the	
	23A. SIGNA	TURE	<b>b</b>		3B. ADDRESS	le set and	23c. DATE SIGNED
2. TI	4A. BURIAL. ON REMOVAL (S	CREMA- 249. DATE	0	M. D.	BY OR CREMATORY 240	OCATION City, town, o	r county) (State)
DL	ATE RECEIVE OCAL REGIST	D BY REGISTRAF	S SIGNATU	Villiama.	29. FONERAL DIRECTOR	us. juary	And And
	VS 150	STORY OF THE PROPERTY OF THE P	0		Joung ( Me)	2005 (M	Jul 3
					Ve	Jacob, )	10-0-



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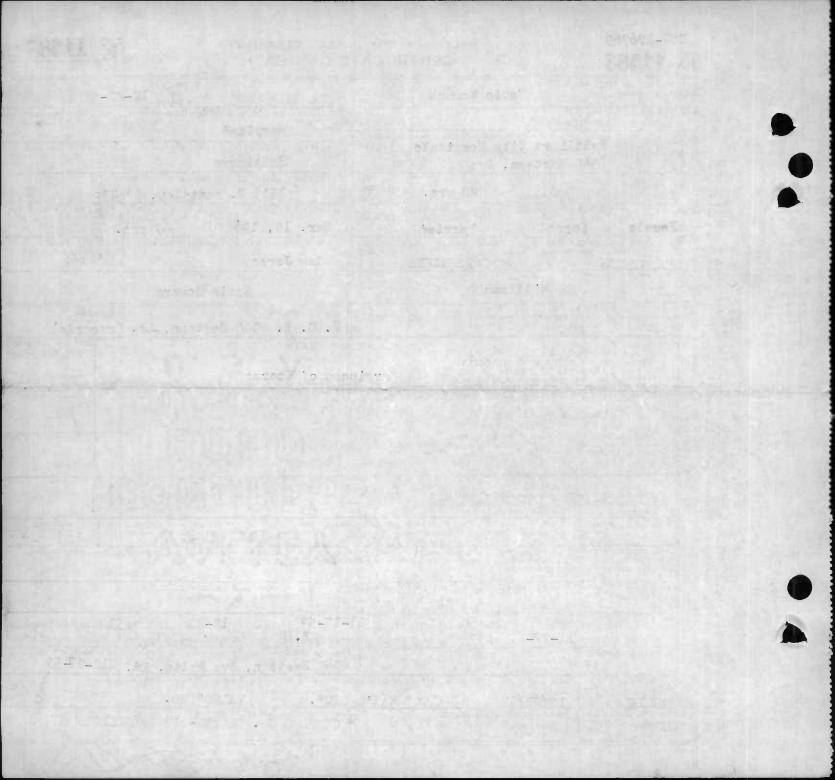
#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11583

The	BI	RTH NO OC			CERTIFICATI	E OF	DEAT	7	Registeret	1 110,	
	1.	NAME OF D ype or Print)	ECEASED	tie Wor	mack		·	2	OF 12-	27-5	3
upplie	Α.	Baltimore (	City, Maryland					tution : residence before admission)			
on should be carefully supplied. clearly and legibly.	TL	SPITAL OR	Baltimore Cit 4940 Eastern		tion, give street address or pitals location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					ite RURAL and give township)
caref legibl	c.	Length of s	tay in Baltimore		yrs. Yrs. Mos. Days	D. STRE			talou, St	23	
uld be	11	sex Female	6.COLOR OR RACE		.E. MARRIED. WED, DIVORCED (Specify) ITTIED		OF BIRTH		AGE (In years last birthday) 47 yre	Months:	Days Hours Min.
n sho	wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY		HPLACE (S	tate or foreig		112.	CITIZEN OF WHAT COUNTRY?
atio		. FATHER'S					HER'S MA	iden NAME			·
DIU	11	. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates NONE	FORCES? of service)	16. SOCIAL SECURITY NO.		ORMANT	40 East	ern, Ave	ADDR	
ESERVED FOR INK. Every item lease write the cau	RTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION I LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which or ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A)	H dying, e. as the disease used death	g., (A) Carcin se, h.) DUE TO	oma of	'Uteru				INTERVAL BETWEEN ONSET AND DEATH
MARGIN E UNFADING Physicians: p	CERTIF	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSING	ELATED T	UTING O THE	•					
led.	.		F OPERATION AL 19		OTTION FOR WHICH OF	PERATION			WAS RELATED DEATH, ENTER PART II	IN	20. AUTOPSY?
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	-	210 TIME ( OF INJURY	Month) (Day) (Year)	(Hour)   m.	WHILE AT NOT WHILE WORK AT WORK	E	2 1F. HOW	אטלאו סוס	Y OCCUR?		
WRITE PLAIN ye is especially		22. I hereb deceased a	live on 12-27-	ended the , 19.53 ,	e deceased from 11, and that death occur	-17-53 red at 2	PM m.,	, to 12-2 from the		the de	at I last saw the ate stated above.
E WR age is	2.	4A. BURIAL.	HT Jalley CREMA-V Z4B. DATE	Coer		4940 I	astern		alto. Md.	12	-27-53
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PLEAS correct		ATE RECEIVE		SIGNATI	URE ALLEGATION	CHARI	ES G.	COOPER	-512 CARF	ROLLI	ON AV,

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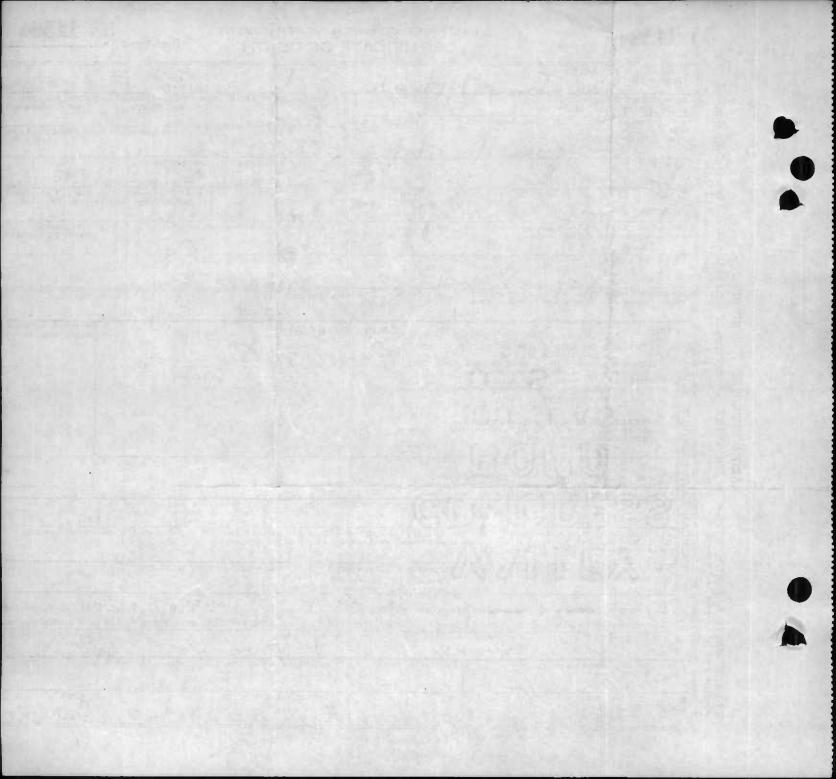
69046 Charles Herper



PLEA

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11584 Registered No B. COUNTY before admission) (If outside corporate anits, write RURAL and give /township) minary-1acas 9. AGE (In years | | Under | / feat | | Under 24 Hours | Months | Days | Hours | Min. I il Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Carroll McHugh 600 N. Paca St. ONSET AND OEATH 20. AUTOPSY NO 21c. WHERE DID (If in Baltimore City, give exact location) 1933, that I last saw the Em., from the causes and on the date stated above. 2. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS



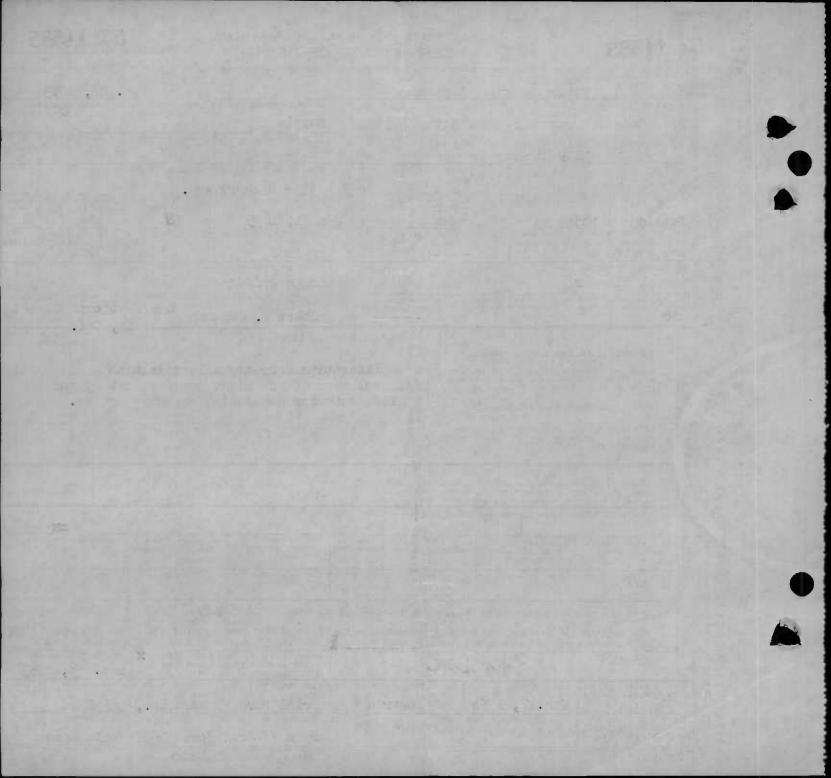
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### BALTIMORE CITY HEALTH DEPARTMENT

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Registered No			31.7	J

	BIRTH NO.	)		CERTIFICATI	E OF DEATH	Registered No	0
-	NAME OF D	ECEASED				2. DATE	
(	Type or Print)	Katie Ma	rie Ja	ackson		OF -	28, 1953
1		City, Maryland			4. USUAL RESIDENCE (		
1	S. FULL NAME HOSPITAL OR NSTITUTION	OF f not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (I	f outside corp rate limits,	Wit RRL and give
	13-23	3439 Hicko	ry Alven	lue	Baltimore		township)
	. Length of s	tay in Baltimore	Life	Yrs. Mos. Days	b. street address (I)	f rural, give location)	
	S. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) III	Index 1 Year   If Undex 24 Hours
	female	white	Widow		Jan 21, 1895	58	ths Days Hours Min.
WO	OA. USUAL OC ork done during most of louse wife	CUPATION (Give kind of of working life, even if retired)	10B, KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	foreign country)	USA
11	3. FATHER'S				14. MOTHER'S MAIDEN N	NAME	UDA
2	Samuel Sli	immer			Carrie Jeffery		
(Y	5. WAS DECEASE es, no or unknown) NO	D EVER IN U.S. ARMED (If yes, give war or date:	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Herbert E. Jack	son 635 Hawth	Refis Street
RTIFICATION	OISEAS (This does heart failt injury or	SE OR CONDITION LEADING TO DEA' 5 not mean the mode of 1 re, asthenia, etc. It mea 1 complication which of ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	ITH  If dying, e.g.  ns the diseas  aused death  EES  F ANY, GIVIN  STATING TH	(A) Obliter  (B) West occlus  left ar	of DEATH rative coronary s sion of the right nterior descendir	coronart arte	ery and
li lil	TO THE O	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	T			
U	. I OAL DALLE	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	218. PLA about home, f	ACE OF INJURY (e. g., it farm, factory, street, office bldg., e	or 21c. WHERE DID (tt.) INJURY OCCUR?	If in Baltimore City, gi	
Σ		(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJUR	Y OCCUR?	
				remains described a	bove, held an Autory, Autopsy,	Inspection or Inquiry	thereon and from
	and de	ath in my opinion	resulted f	rom: natural causes	nguiry, find that said a	e 🔲, homicide 🔲, un	determined [].
	23A. SIGNA	02	Jon.	IA)	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	TOR Dec	
	ON, REMOVAL (S	pecify			RY OR CREMATORY 240. L		
-	Burial	Jan, 2,		Meadowridge	Memorial Park H		
	DATE RECEIVE LOCAL REGIST		SSIGNATU	IRE NEW MERCE	25. FUNERAL DIRECTOR Burgee Funeral,		ADDRESS
	V S 151	3,0			Horace F. 1	A	25 Hoart
3.0					110 Will 1.11	7000	

Horace F. Burge



BALTIMORE CITY HEALTH DEPARTMENT 53 11586 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mr. William I. Lake DEATH Dec. 30, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) 1802 (If outside corpo ate li nits write BURAL and give C. CITY OR TOWN INSTITUTION Nursing Home, Eutaw Pl. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 340 East 28th Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | Il Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) information should of death clearly an Feb. 26, 1885 male white Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Retired Chauffeur INDUSTRY WHAT COUNTRY? Works Baltimore, Maryland Auto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Lake Rebecca Esenger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 28th St. 28th St. 28th St. (Yes, no or unknown) Yes causes 18. CAUSE OF DEATH INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY
LEADING TO OEATH
(This does not mean the mode of dying, e. g., ONSET AND DEATH the heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. 21A. ACCIOENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1935 that I last saw the deceased alive on Dec 28, 1953, and that death occurred at .2 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE WRI 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Parkwood Cemetery Buria. Jan.1,1954 Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE AOORESS LOCAL REGISTRAR Leonard J. Ruck, 5305 Harford Road. manufactor. VS 150

pplied.

BINDING

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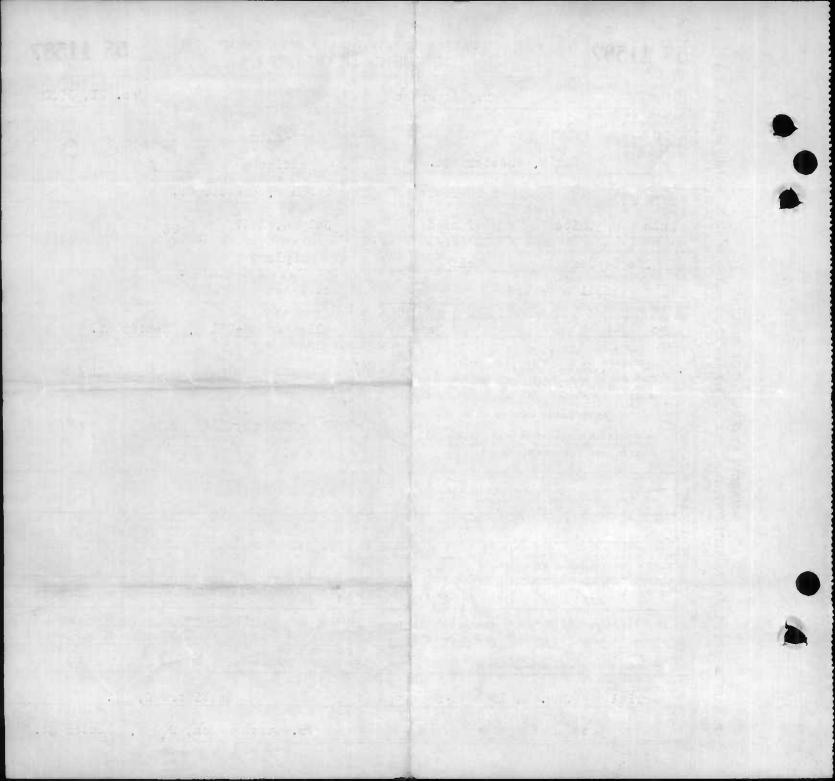
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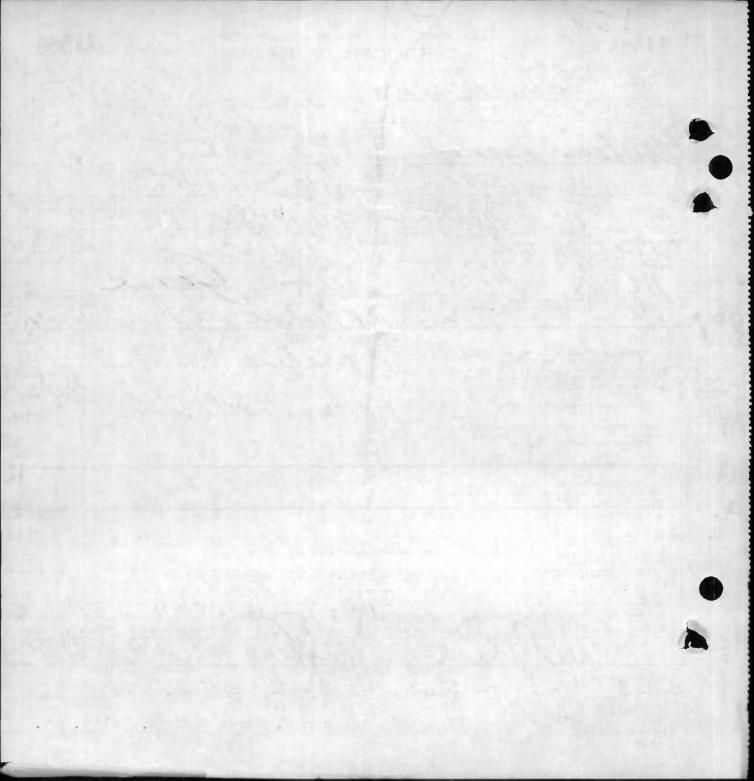
# CERTIFICATE OF DEATH

Registered No. 11587

	BIRTH NO.							
=	I. NAME O	DECEASED				2. DATE		
	Type or Prin	t)	Harry S	Seabrese		OF DEATH	Dec. 31, 1	953
	Baltimon	DEATH: e City, Maryland			A STATE	DENCE (Where deceased	lived. If institution	: residence ore admission)
	B. FULL NA	ME OF (If not in hospit	al or instituti	on, glve street address or			2	
	HOSPITAL (	M		location)	C. CITT ON TOW		r le limits, wite att	RAL and give township)
5 1		911 N. Cl	aester		Baltimo			
			no .	Yrs. Mos.		RESS (If rural, give loc	eation)	
		f stay in Baltimore		Cears Days		Chester St.	1 7 7 7 7 7	T & H
alla	Male	6. COLOR OR RACE	7. SINGLE WIDOW WIO	MARRIED. ED. DIVORCED (Specify) WEO.	July 4, 1	in at hintl	hday) Months Days	Hours Min.
		OCCUPATION (Give kind of		OF BUSINESS OR		(State or foreign country	7)   12. CITIZ	EN OF
W W		noet of working life, even if retired)  Dealer	Seli	INDUSTRY	Marylan	d	WHA	COUNTRY
-	13. FATHER		20.1.	•	14. MOTHER'S M	AIDEN NAME		
lear		William Seabre	ese		Not Known			
5 (	15. WAS DEC	ASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
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cans	18. 4	Exx.1.		CAUSE	OF DEATH			VAL BETWEEN
- 11		EASE OR CONDITION		M		Doggs		
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rice	heart	ailure, asthenia, etc. It mes or complication which	ans the diseas caused death	e, .) DUE TO				
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11		ANTECEDENT CALL	SES	^	-4	1		
S.C.		ANTECEDENT CAU	SES	(B)	otenes	pegenero elevario	10	70 7
Jease	DISE	SES OR CONDITIONS,	IF ANY, GIVIN	IG	otenes	levisis	10	70 7
	RISE		IF ANY, GIVIN	IG	otens	slevsni	10	70 7
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Registered No. 11588 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STA B. COUNTY before admission) FULL NAME OF (If not in hos Ital or institution, give street address or (If outside corporate lighter write RURAL and give township) HOSPITAL OR CATY OR Yrs. Uf rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE INGLE, MARRIED If Under 1 Year | If Under 24 Hours 9. AGE (In years) DOWED DIYORCED (Spolify last birthday) Months: Dave Hours : Min. The 104 DSUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR foreign country) 12. ZEN O INDUSTR COUN information s of death cle 13. EATHER'S NAME 15. JAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or (If yes, give war or dates of service) 23-03-8379 Jo 18. DEATH INTERVAL BETWEEN 332X OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. YES NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that Lattended the deceased from. that I last saw the WRITE re is espe deceased aline on and that death occurred at from the causes and on the date stated above. Mm. 23A. SIGNATURE 24A. BURAL, CREMA-TION REMOVAL (Specify) 24B. DATE PLEASE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY VREGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Moran 3000 E. Balto. St. 24 VS 150

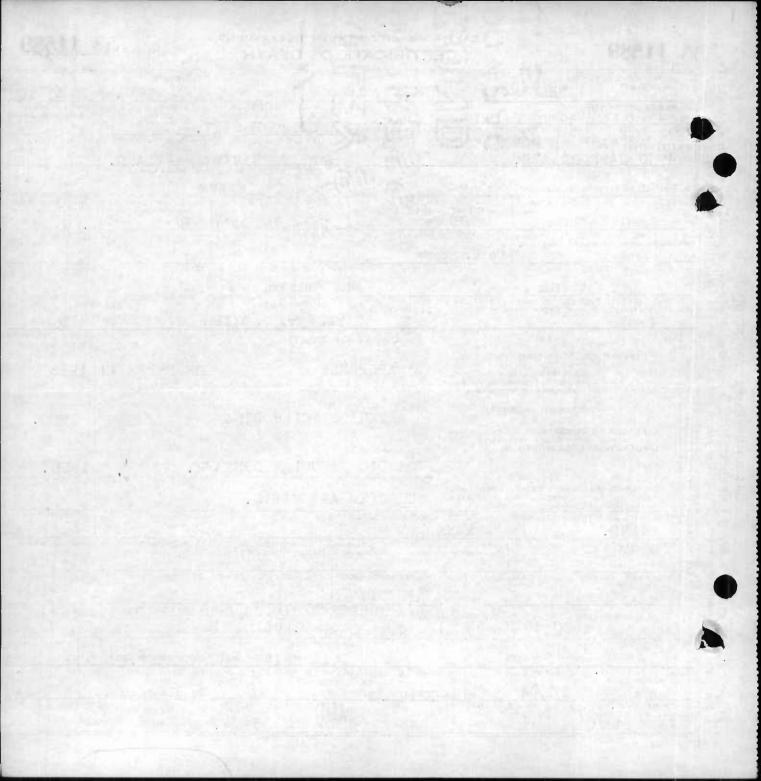


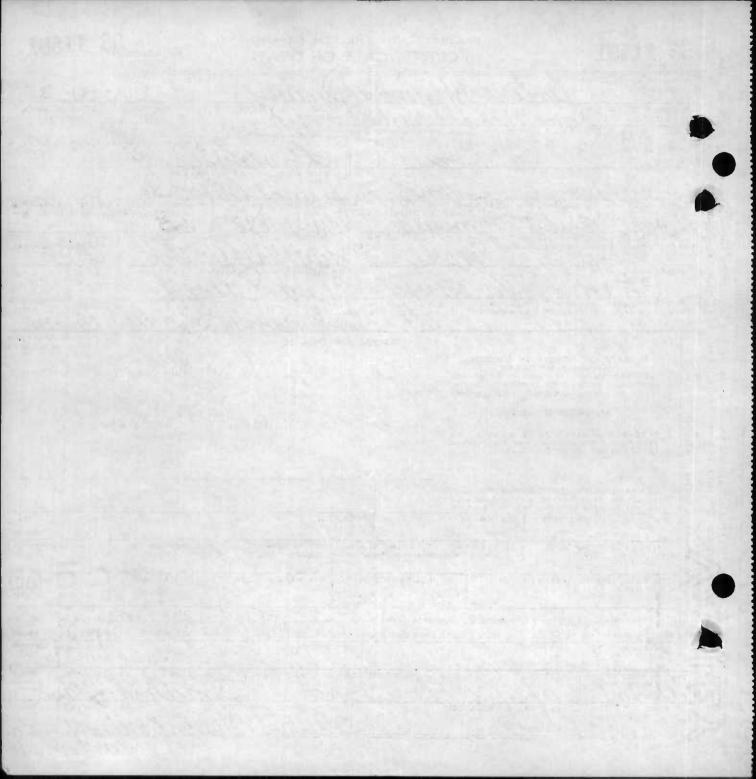
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3 11 BIRTH N	589	3

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.3 11589

BIRTH NO.				
	1. NAME OF DECEASED (Type or Print) DESDEMONA GITH.	2. DATE OF DEATH DECEMBER 30 19		
	3. PLACE OF DEATH: A. Baltimore City, Maryland RALTIMORE CITY	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR HARFORD CONVALESENCE HOMES	c. CITY OR TOWN (If outside corporate limits, write i URAL and g		
-		ALTIMORE CITY MARY AND D. STREET ADDRESS (If rural, give location)		
	c. Length of stay in Baltimore LIFE I	Jays 725 McKEWIN AVE		
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (SINGLE) Widowed	B. DATE OF BIRTH  9. AGE (In years   11 Under 17 Vest   14 Under 17 Vest   14 Under 17 Vest   14 Under 17 Vest   15 Under 17 Vest   16 Under 17 Vest   16 Under 17 Vest   16 Under 17 Vest   16 Under 17 Vest   17 Under 17 Vest   17 Under 17 Vest   18 Under 18 Ve		
1	10A. USUAL OCCUPATION (Givekinduf work done during most of working life, even if retired)  Selesladv  10B. KIND OF BUSINESS O INDUS  Enter Store			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
1	? Abrams	Unknown		
ERTIFICATION	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknnwn) (If yes, give war nr dates nf service) SECURITY N	17. INFORMANT ADDRESS		
	No ?	Mr. Edw. C. Miller 3607 Lochearn Drive		
	7 7 7 1	SE OF DEATH INTERVAL BETWE ONSET AND DEA		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  DECEMBER 11 1953			
	ANTECEDENT CAUSES (B) ARTE	CRIOR SCLEROSIS. 1950.		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
	ÇARDI	O VASCULAR DISEASE. 1950.		
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IC ARTHRITIS.		
	19a. Date of Operation 19B. Major findings of O	YES NO		
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (about hume, farm, factory, street, infice			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC WHILE AT NOT WORK AT W	(HILE ORK		
	22. I hereby certify that I attended the deceased from SEPTEMBER 1,9953 to DECEMBER 30 5, That I last saw the deceased plive on DEC 30, 1953, and that death occurred at 9.20 Am., from the causes and on the date stated above.			
	23A SIGNATURE POPULATION M. D.	238. ADDRESS 23c. DATE SIGNE		
1		METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State		
	Burial 1/2/54 Lorraine Pa	ark Cem. Noodlawn. Md.		
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Whim: Rekner down he hells mil		





53	3 - 100 11592 RTH NO.	BALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT	Registered No.	3 11592
1. (T:	NAME OF DECEASED PP, Lo	/a		2. DATE OF DEATH -/2/3	0/53-
A.		Il More City.	4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	tution: residence before admission)
HC	FULL NAME OF (If not in hospital or inst SPITAL OR STITUTION	citution, give street address or location)	c. CITY OR TOWN (If	outside corporate in its (w)	
3	Franklin Sca	vare Hosp-	D. STREET ADDRESS (If	re, Md L	township)
c.	Length of stay in Baltimore	FC - Mos. Days	2 S. Bere	And the second s	
	emale white Me	GLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/20/1895	9. AGE (In years last birthday) Months	Days Hours Min.
MOLF	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	BOIT' MO re,		CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	-3-7/-
15	WAS DECEASED EVER IN U. S. ARMED FORCES	/ 5?   16. SOCIAL	Mary Roc		
(Yes	no or unknown) (If yes, give war or dates of service	SECURITY NO.	17 INFORMANT	Boloh of P.A	ESS Come
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d  ANTECEDENT CAUSES	e. g., (A)	NGESTIVE H	eart Failu	INTERVAL BETWEEN ONSET AND DEATH
CATION	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IVING	ocardial I	NIGYTOW	
IL.	1	(C)			
CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	LATED			
L	19a. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDICA		PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
Σ	2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED NOT WHILE AT WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended to deceased alive on (2/30/52, 18	, and that death occur	red at 8.15 P. m., from ti	he causes and on the d	ate stated above.
	23A. SIGNATURE Jole JA	LRO - M.D. F	3B. ADDRESS - YONKLIN SQUA	re Hosp. 1.	2/30/53-
24 Tye	A. BURIAL CREMA-	24C NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or co	ounty) (State)

24A. BURIAL CREMA-TION REMOVAL RECEIVED DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

北 心流行机

24c. NAME OF CEMETERY OF CREMATORY (24c. LOCATION (CNy, town, or county)

(State)

Bally

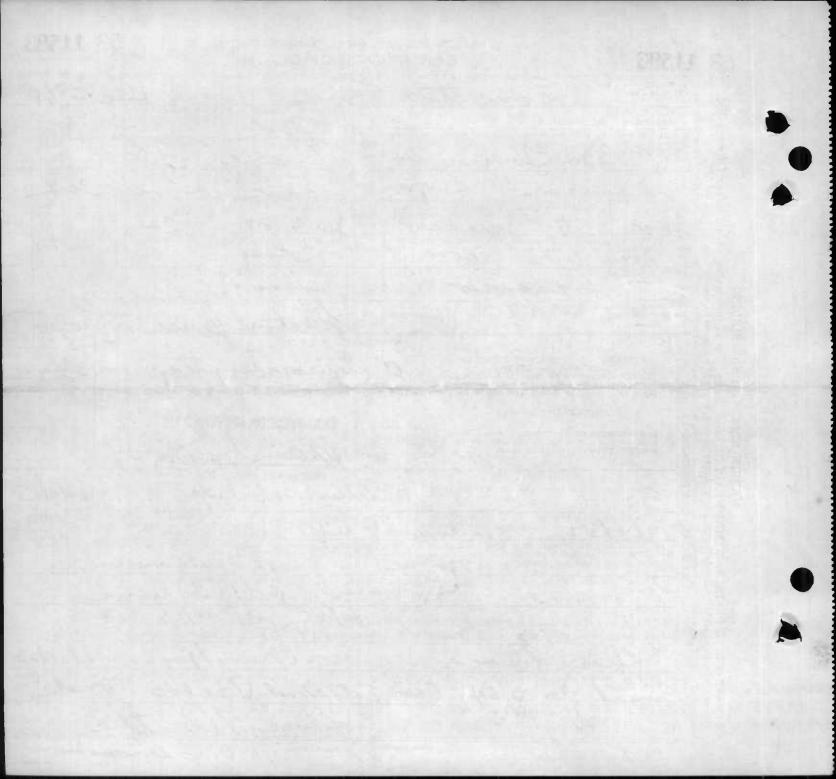
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3 BIF	11 RTH N	59	á.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11594

1. (Tr	NAME OF DE		compt. There are	Cahaaaa	2. DATE OF Dec	30 1053
3	PLACE OF DE	ATH:	garet Frances	Schramm	Where deceased lived. If	30, 1953 institution: residence
Α.	Baltimore C	ity, Maryland 40	004 Ridgewood Ave.	A. STATE	B. COUNTY	before admission)
HO	FULL NAME OF SPITAL OR STITUTION	or (II not in nospite	locatio		If outside eo por te limit	s write RURAL and give township)
15	-()			Baltimore,	10	(township)
			Yrs Mos			
	and the second s	ay in Baltimore	lire Day			f Under 1 Year   If Under 24 Hours
	emale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci WIDOW		9. AGE (In years last birthday) Mo	onths Days Hours Min.
10/	A. USUAL OCC	SUPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	home dut	ties		Baltimore, Md.		
13.	FATHER'S N			14. MOTHER'S MAIDEN	NAME	
		mown		unknown		
15. (Yes	, no or unknown)	O EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.			DDRESS
-				Mrs. J. Fred Rom	ing 1104 N.	Charles St.
	18. 15	3 X 1		OF DEATH	00	ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH CICC	cinoma of	Colore	
	heart failur	not mean the mode of	ins the disease,	- Da . Ra - Q	- 6 -	
	injury or complication which caused death.) DUE POWER PULL TO THE POWER					
_		ANTECEDENT CAUS	SES	Sulite		
NOIL		OR CONDITIONS, I			, •••••••••••••••••••••••••••••••••••••	
<		ING CONDITION LA				
JIC.			(4)			
UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OF CONDITION CAUSINGT.  10. DATE OF OPERATION LIFE OPERATION LIFE OPERATION WAS RELATED.						
ш	TO THE	DEATH BUT NOT				
CAL C	19A. DATE OF		9B, CONDITION FOR WHICH VAS PERFORMED	- of Colo PART 1	RATION WAS RELATED TO OF OEATH, ENTER OR PART II	IN YES NO
EDI	OR CONTRIB	NT WAS UNDERLY UTING CAUSE OF MEDICAL EXAMINE	about home, farm, factory, street, of		(If in Baltimore City,	, give exact location)
Σ	21D. TIME () OF INJURY	Month) (Day) (Year)	RED 21F. HOW DID IN	NJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 157, 1953 to Dec 30, 1953, that I last saw the					
	22. I hereby	y certify that I at	tended the deceased from	ec 13, 195 310 a	30, 19	2, that I last saw the
			2,1953. and that death occ	eurred at 1 m., from	the causes and on t	the date stated above.
	23A. SISTAT	Aunes?	Beguly M.O.	3033 W. North Ave		12/31/53
24	AA. BURIAL	pecify)			LOCATION (City, town	n, or county) (State)
C	remation	Jan. 1,	1954 Loudon Pa		ltimore,	Md.
	ATE RECEIVE		'S SIGNATURE	25. FUNERAL DIRECTOR	0 11 11 11	ADDRESS
10	EC 3110	22 miles	The state of the s	John V. Mitch	ell Amo 190	O Eutaw Place

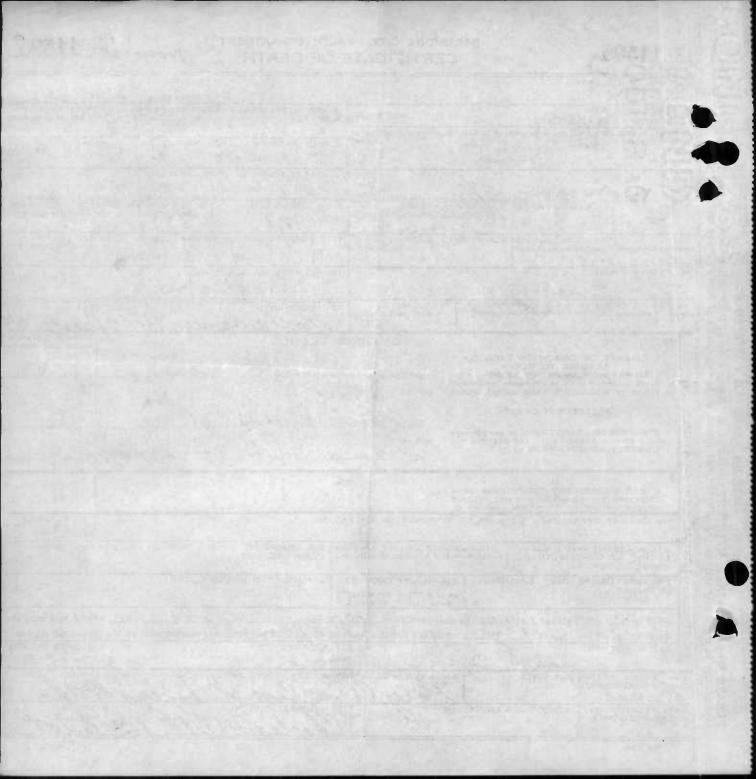
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53 11 BIRTH NO	595		

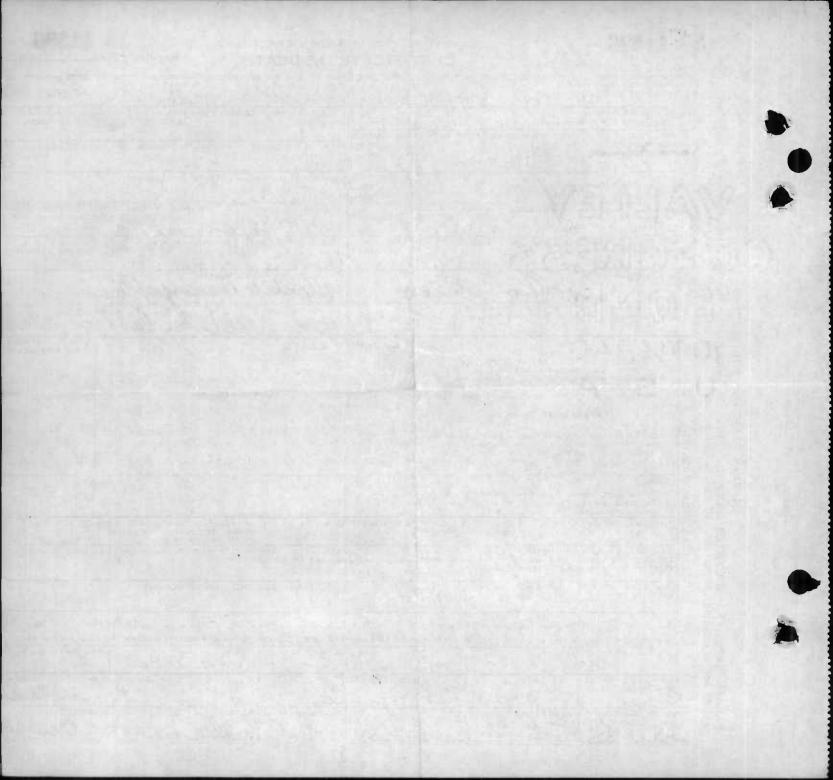
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	44	KOE
Registered	No.	July	595

	1. NAME OF DECEASED (Type or Print) Mrs. Frances Lawrence	2. DATE OF DEATH 12/29/53.
	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	
11	HOSPITAL OR Bon Secours Hospital location)	C. CITT ON TOTAL
41	2025W. Fayette St.	Baltimore (township)
	34 Yrs, Mos.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore 5	1454 Vecatur St. #30.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min. 5 9  1 1 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	work done during most of working life, even if retired)  1005Ew1+E	Maryland - Baltimore WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frank Schonowski	Muthilda Zaleski
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	mb Oneweall, 1454 New Tours
	18. A. / A.Y. CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Euronam Embolus. Dimor 30145
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	merphelitis /s/+ /cq.
-	DISEASES OR CONDITIONS, IF ANY, GIVING	
	UNDERLING CONDITION LAST.	e fos Mallitus x gen. arterios clerasis
	0	CV STATE OF THE ST
	OTHER SIGNIFICANT CONDITIONS CON-	
	III TRIBUTING TO THE DEATH, BUT NOT RELATED	
	TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?
	A SALE OF OFERALION	YES NO X
	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
	LYING OR CONTRIBUTING   ebout home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?
	OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
1		
-	22. I hereby certify that I attended the deceased from deceased alive on 12/3, and that death occu	
		238. ADDRESS 23c. DATE SIGNED
1	Sermand Segmes M.D.	San Jerous 12/29/03.
	24A, BURIAL, CREMA- TION REMOVAL (Specify)	ERY OR CREMATORY 24D. I SCATION (City, town, or county) (State)
	Bureal Hales (1)	ose Cem Broaklum all.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	LOCAL REGISTRAR	Chaling Will 150/6 Fort
	VS 150	A see
Ш		and the second



NAME OF DECRASED  (Type or Print)  A Baltimore Oity, Maryland Bolt Marye  A Baltimore Oity Maryland Bolt Maryland  A Baltimore Oity Maryland  A Maryland  A Baltimore Oity Mar		3	11596		EALTH DEPARTMENT	T S Registered No.	11596
THOUSE NAME OF CONDITION DIRECTLY  S. PLACE OF DEATH  S. PLACE OF DEAT	The E	BIE	RTH NO.	CERTIFICAT	E OF DEATH		
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (Yes, no or takeors)  17. NAGORMAN  (Yes, no or takeors)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS PERFORMED  DISEASE OF CONDITION DIRECTLY  (Each INTERVAL BETWEE ONSET AND DEATH  (Interval betwee onset and the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Due to  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IP ANY, CIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) DECEASED EVER IN U. S. ARMED FORCES?  (A) Cerebro Valcular accident onset and the conditions of the conditions				ert Eller		OF 12.31.	
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (Yes, no or takeors)  17. NAGORMAN  (Yes, no or takeors)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS PERFORMED  DISEASE OF CONDITION DIRECTLY  (Each INTERVAL BETWEE ONSET AND DEATH  (Interval betwee onset and the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Due to  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IP ANY, CIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) DECEASED EVER IN U. S. ARMED FORCES?  (A) Cerebro Valcular accident onset and the conditions of the conditions	ilqqu	A	Baltimore City, Maryland Ba		A. STATE		stitution : residence before admission)
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (Yes, no or takeors)  17. NAGORMAN  (Yes, no or takeors)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS PERFORMED  DISEASE OF CONDITION DIRECTLY  (Each INTERVAL BETWEE ONSET AND DEATH  (Interval betwee onset and the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Due to  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IP ANY, CIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) DECEASED EVER IN U. S. ARMED FORCES?  (A) Cerebro Valcular accident onset and the conditions of the conditions	ully s	HO	SPITAL OR	location		(If outside corporate limits,	write RURAL and give township)
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (Yes, no or takeors)  17. NAGORMAN  (Yes, no or takeors)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS PERFORMED  DISEASE OF CONDITION DIRECTLY  (Each INTERVAL BETWEE ONSET AND DEATH  (Interval betwee onset and the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Due to  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IP ANY, CIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) DECEASED EVER IN U. S. ARMED FORCES?  (A) Cerebro Valcular accident onset and the conditions of the conditions	refribly	-			D STREET ADDRESS (	If rural, give location)	
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (Yes, no or takeors)  17. NAGORMAN  (Yes, no or takeors)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS PERFORMED  DISEASE OF CONDITION DIRECTLY  (Each INTERVAL BETWEE ONSET AND DEATH  (Interval betwee onset and the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Due to  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IP ANY, CIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) DECEASED EVER IN U. S. ARMED FORCES?  (A) Cerebro Valcular accident onset and the conditions of the conditions	1eg	-		Days	Tublear	M.C.	
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (Yes, no or takeors)  17. NAGORMAN  (Yes, no or takeors)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or takeors)  (If yes, sive war or date of service)  19. WAS PERFORMED  DISEASE OF CONDITION DIRECTLY  (Each INTERVAL BETWEE ONSET AND DEATH  (Interval betwee onset and the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Due to  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IP ANY, CIVING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) DECEASED EVER IN U. S. ARMED FORCES?  (A) Cerebro Valcular accident onset and the conditions of the conditions	uld be	5.		WIDOWED, DIVORCED (Specify		last birthday) Month	
The significant conditions contributing to the slower of condition contributing to the slower of condition contributing to the slower of condition contributing to the slower of conditions contributions. Contributing to the slower of conditions contributions contributions contributions contributions contributions. Conditions contributions contributions contributions contributions contributions contributions. Contributions contributions contribu	n sho	10/	one during most of working life, even if retired)			foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
The significant conditions contributing to the slower of condition contributing to the slower of condition contributing to the slower of condition contributing to the slower of conditions contributions. Contributing to the slower of conditions contributions contributions contributions contributions contributions. Conditions contributions contributions contributions contributions contributions contributions. Contributions contributions contribu	G matio leath	13.		Péler	14 MOTHER'S MAIDEN	sumaster.	ev .
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ZO DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  WAS PERFORMED  AND CAUSE OF DEATH (A) Cerebro Valcular accident  AND CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSE  (B) Myocardial damaler accident  AND CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSE  (B) Myocardial damaler accident  (C) Dabetes  (B) Myocardial damaler accident  (B) Myocardial damaler accident  (B) Myocardial damaler accident  (B) Myocardial damaler accident  (C) Dabetes  (C) Death (B)	infor infor	15. Yes,	WAS DECEASED EVER IN U. S. ARMED FO no or unknown) (If yos, give war or dates of a		17 INFORMANT/ERO	Eller Parl	RESS Clock
ANTECEDENT CAUSES  ANTECEDENT CAUSES  (B) Myocardial dama(c, -ASHD.  (C) Dabetes melitus  (C)	BI n of ause	-		CAUSE	OF DEATH	00 00 700	INTERVAL BETWEEN
ANTECEDENT CAUSES  ANTECEDENT CAUSES  (B) Myocardial dama(c, -ASHD.  (C) Dabetes melitus  (C)	OR item		DISEASE OR CONDITION DIR		ONSET AND DEATH		
ANTECEDENT CAUSES  ANTECEDENT CAUSES  (B) Myocardial dama(c, -ASHD.  (C) Dabetes melitus  (C)	ED F very ite th		(This does not mean the mode of dy heart failure, asthenia, etc. It means the	he disease.	bro Vaicular	accident	······································
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WAS PERFORMED  WAS PERFORMED  CAUSE OF DEATH. ENTER IN YES NO PART I OR PART	AUS:			(C)	DECES MEL	1 V 43	
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DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   14 WORK   22. I hereby certify that I attended the deceased from 1/2. 6. 1953, to 1/2. 3/2. , 1953, that I last saw t deceased alive on 1/2. 51-, 1953, and that death occurred at 6 1/2 m., from the causes and on the date stated about 23A. SIGNATURE   23B. ADDRESS   23B. ADDRESS   23C. DATE SIGNE   1953.		1	19A. DATE OF OPERATION   19B.	CONDITION FOR WHICH O			20. AUTOPSY?
DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   14 WORK   22. I hereby certify that I attended the deceased from 1/2. 6. 1953, to 1/2. 3/2. , 1953, that I last saw t deceased alive on 1/2. 51-, 1953, and that death occurred at 6 1/2 m., from the causes and on the date stated about 23A. SIGNATURE   23B. ADDRESS   23B. ADDRESS   23C. DATE SIGNE   1953.	int.	ζ.			PART	I OR PART II	
OF INJURY    WHILE AT   NOT WHILE	0	4	OR CONTRIBUTING CAUSE OF	about home, farm, factory, street, office	(e. g., In or 21C. WHERE DIE obldg., etc.) INJURY OCCUR	O (If in Baltimore City, gi	ve exact location)
deceased alive on 12-51-, 19 53, and that death occurred at 6 25 pm., from the causes and on the date stated about 23A. SIGNATURE  M.D. Since Hospital Belto.Md. 12.3i. 185.				WHILE AT NOT WH	ILE [7]	NJURY OCCUR?	
deceased alive on 12-51-, 1953, and that death occurred at 6 25 pm., from the causes and on the date stated about 23A. SIGNATURE  M. D. 23B. ADDRESS  M. D. 25B. ADDRE			22. I hereby certify that I attend	1.4		12.31. 1953	that I last saw the
M.D. M.D.			deceased alive on 12 - 51 - , 1	9 53, and that death occu	rred at 6 2 pm., from	the causes and on the	date stated above.
24A. BURIAL. CREMA- 24B. DATE 110N. REMOVAL (Specify) 1-3-53 New Hope Cem. Hilber County-North Card	WRI se is		Morris M. G	otdberg M.D.	Sinai Hospit	Led BeltonMd.	12.31.1553.
A PATE DESCRIPTION DV 1 DECISTOR DISCRIPTION 1 OF STANDARD DISCRIPTION	ASE ect ag	710	N. REMOVAL (Specify)	10 11	Cen. 24	ilber County-	Month Cardin
Local registrar local registrar's signature local registrar's signature local registrar local	PLE			SIGNATURE	25 FUNDRAL DIRECTO	Pen In = 2431	E. Oliver St.
VS 150 / 00/6		-	VS 150	1001	A	1	



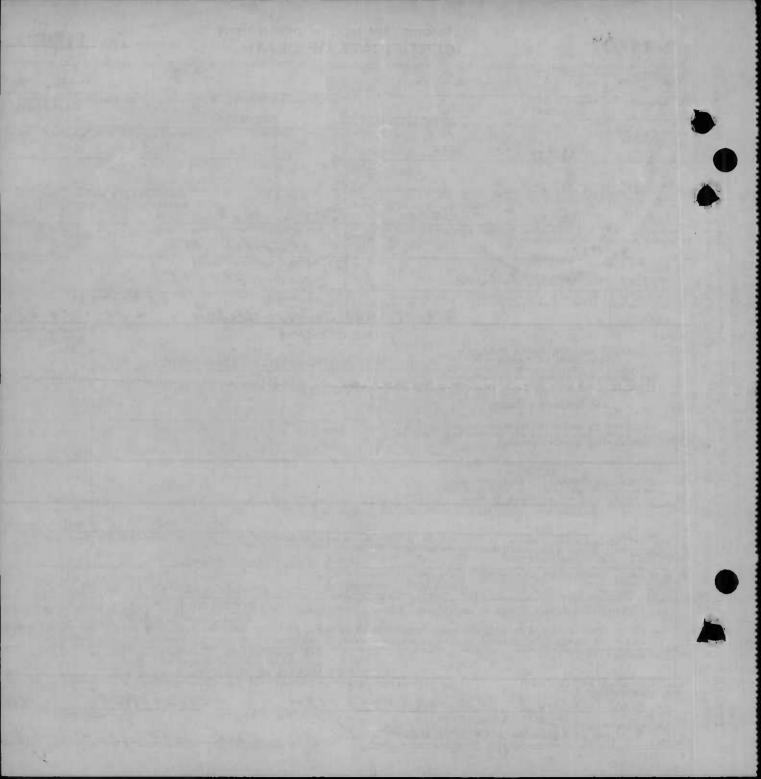
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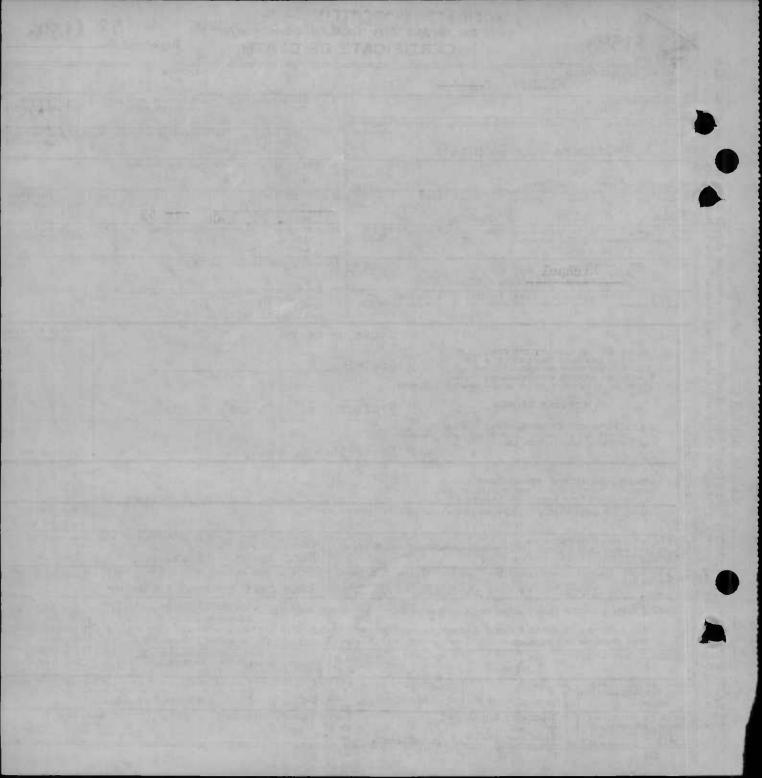
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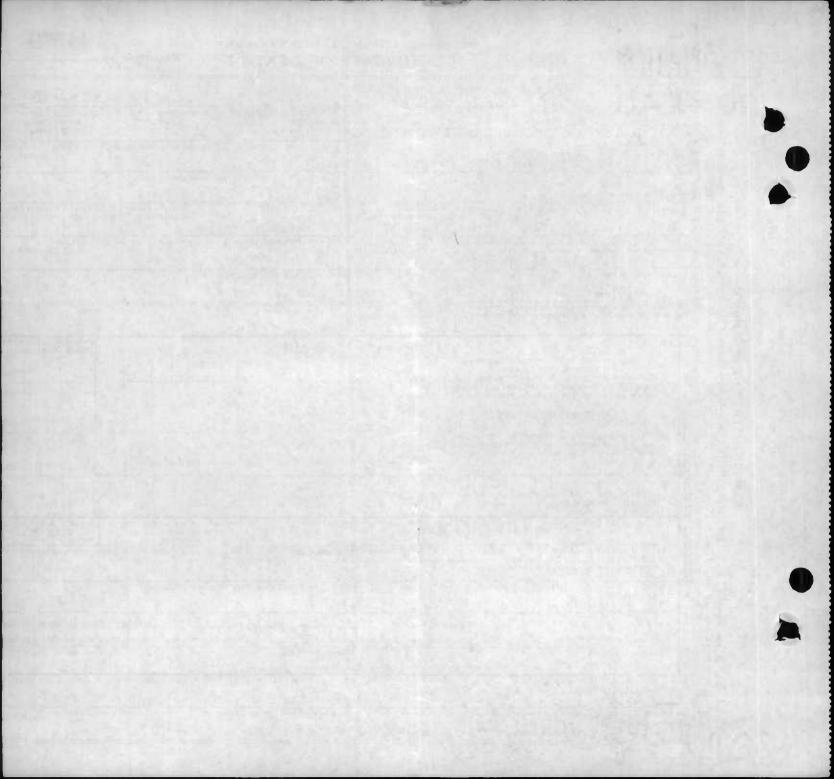


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#### BALTIMORE CITY HEALTH DEPARTMENT

53	11599
Registered No	

The		IRTH NO.	IE OF DEATH
H	1.	NAME OF DECEASED ROSE / 1000	2. DATE
ed.		103E FIJM	an   OF   12-30-53
ilde	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
snl	В.	FULL NAME OF (If not in hospital or institution, give street address	
lly		OSPITAL OR STITUTION LOCATION AND AND AND AND AND AND AND AND AND AN	township)
efu		inal Hospilat of Bult. Inc	Daltimore #15
carefully supplied.	4	Yr Mo	100
be d	-	Length of stay in Baltimore Da  SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	18. DATE OF BIRTH 19. AGE (in years) It Under 1 Veet   It Under 24 House
NDING information should be carefu s of death clearly and legibly	7	Emale white Willow (Spec	7-15-04 last birthday) Months Days Hours Min.
sho	worl	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
on		Touse Work	Baltimore, Ind.
ati	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG dea		Jacob	Mary
BINDING of inform uses of dea	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL se, no or unknown) (If yes, give war or detes nf service) SECURITY NO	17. INFORMANT
of ses	_		Siney Horch
- = =		18. 175X CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
e it o		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eralized Carcinomatosis
- F3		heart failure, asthenia, etc. It means the disease,	TELICA Carcinomalosis
Ever write		injury or complication which caused death.) DUE TO	
14		ANTECEDENT CAUSES	and Oracian Committee
ES INI leas	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 5	<	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Colative Dermatitis
GIN	FIC	(C)	
MARGIN RESE UNFADING INK. Physicians: please	RTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M N N	CEF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
н		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF DEATH, ENTER IN
WITH tant.	DICA	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY	(e.g., in nr 21c. WHERE DID (If in Baltimore City, give exact location)
. 2	回	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, or DEATH (NOTIFY MEDICAL EXAMINER)	fice bldg.,etc.) INJURY OCCUR?
F.E	2	21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUP	RED 21F. HOW DID INJURY OCCUR?
AII		OF INJURY WHILE AT NOT Y	(HILE ORK
TE PLAINLY, especially impo		22. I hereby certify that I attended the deceased from	1-23, 1953, to /2-30, 1953, that I last saw the
EE		deceased alive on 12-30, 1953 and that death oc	curred at 400 m., from the causes and on the date stated above.
RI		23A. SIGNATURE	23c. DATE SIGNED
E W	2	Marris M. Goldbert M.D.  4A. BURIAL, CREMA- 24B. DATE 1248 NAME OF CEME	TERYOR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE	TIC	ON, REMOVAL (Specify)	Land Band to Med
PLEAS	1	ATE RECEIVED BY REGISTRAR'S SIGNATURE	125. FUNERAL DIRECTOR APPRESS
PL		AN 1 - 1954 Huntwater Validation	Josef Louis In - 2100 Eulan N.



BALTIMORE	CITY	HEA	LTH	DEPARTMENT	Г
CERTI	FICA	TE	OF	DEATH	

1	0125		
STORY S	P-633 BALTIMO	DRE CITY HEALTH DEPART	
The	53 11600 CEI	RTIFICATE OF DEATH	Registered No. 115111
400	1. NAME OF DECEASED ANIVA E	PORTNEY	2. DATE OF DEATH /2-3/-53
carefully supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland 46/3 Packs	Hyto 4. USUAL RESIDE	NCE (Where deceased lived, If institution; residence B. COUNTY before admission)
[ns	B. FULL NAME OF (If not in hospital or institution, gir	re street address or location) C. CON OR TOWN	(If outside corporate lights, write RUPAL and give
fully y.	Institution It Senar Hou	re balti	more 5-0 Downship)
	c. Length of stay in Baltimore	49 Mos. J319 Mg.	ess (If rural, give location)
d be	5. SEX   6. COLOR, OR RACE   7. SINGLE, MAI		9. AGE (In years   H Under I Year   H Under 24 Hours   Months Days   Hours Min.
should early ar	10a. USUAL OCCUPATION (Give kind of 10B. KIND OF E		itate or foreign country)   12. CITIZEN OF
on s	work doub during most of working life, even if retired)	INDUSTRY	WHAT COUNTRY?
NDING information s of death cle	13 FATHER'S NAME	14. MOTHER'S MA	IDEN NAME
BINDING of inform uses of dea		SOCIAL IZ NFORMANT	ADDRESS /
of ir	(168, no or unknown) (11 yes, give wer or dutes or service)	SECURITY NO. Mrs Edu	ound Treenstern James
~ =	18. 420,11	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
D FOR ery iten te the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, g.,	(A) Coronary a	colusion Iday
Ever write	heart failure, asthenia, etc. It means the disease,	DUE TO	
	ANTECEDENT CAUSES	7/- 100 10	P. 0. 16 1. 1000
RESEI INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OUE TO IN	carde value 10 yrs
IN F	UNDERLYING CONDITION LAST.	(c) Desence C	Clericolini
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
MA	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	19a. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		F OPERATION WAS RELATED TO 20, AUTOPSY? AUSE OF DEATH, ENTER IN ART I OF PART II
ILY, WITH	U 21A. ACCIDENT WAS UNDERLYING   21B. PLAG		E DID (If in Baltimore City, give exact location)
	DEATH (NOTIFY MEDICAL EXAMINER)		
LAINLY,	21b. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILL M.	AT NOT WHILE	DID INJURY OCCUR?
3 0	22. I hereby certify that I attended the dece	used from Tues Dec 29, 19 50	R, to Lor 3, 19 B that I last saw the
	deceased alive on Lee 3/, 1953, and t	hat death occurred at 11454m.	from the causes and on the date stated above.
WRI e is	1 23A. SIGNATURE L. Lamae	e m.o. 48430 anh	Heigh /hu 12/3/1/53
PLEASE WRITE correct age is esp	24 BURIAL, CREMA- TION REMOVAL (Specify)	MANE OF CEMETERY OF CHEMATORY	240. LOCATION (City, town, or county) (State)
PLE/	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE	00000	ECTOR DDRESS PA
	VS 150	war, any yack seu	no to 2100 Gulan Po

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

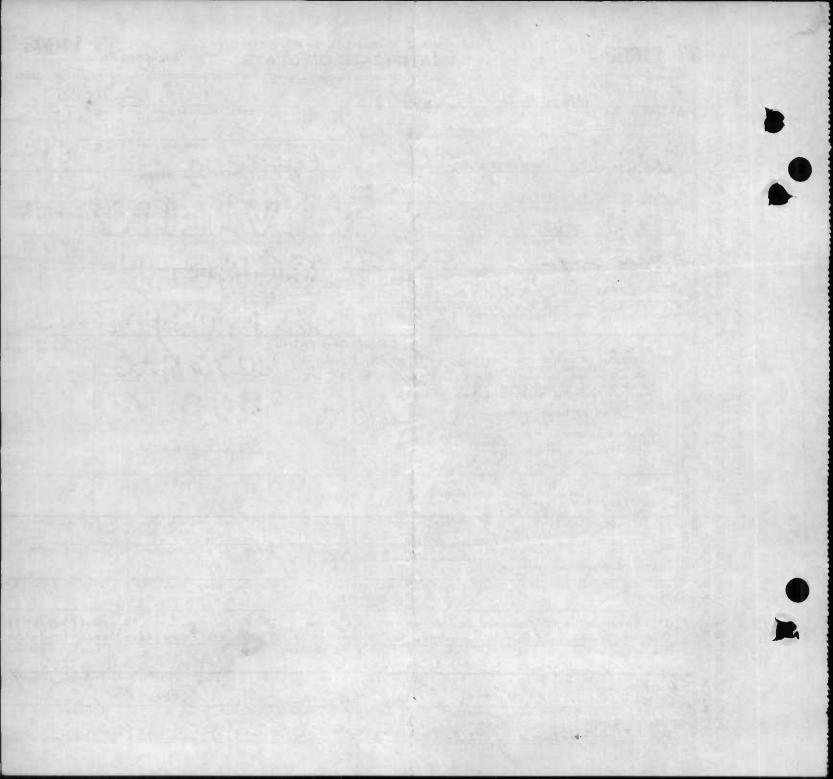
1	20	44	OC	1
Registered	No_	-	1631	13.

The	В	CERTIFICATE	OF DEATH Registered No.					
	1. (T	NAME OF DECEASED Type or Print) DORA URWICK	2. DATE OF DEC. 31, 1953					
should be carefully supplied. early and legibly.	A.	. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
	H	FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION	C. CITY OR TOWN (If outside comprate limits, write AURAL and give					
	1	107 LAKE DRIVE	BULTO. 15-01 township)					
	C	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)  707 LAKE DRIVE					
	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   11 Under 1 Year last birthday) Months Days Hours Min.					
on shou	10	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 1	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
on s		rk done during most of working life, even if retired)  HOUSE WORK	GERMANY WHAT COUNTRY					
NDING information of death cle	13	1.	14. MOTHER'S MAIDEN NAME					
DINC nform of de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	JE9NETTE  17. INFORMANT ADDRESS					
BINDING of inform uses of dea	(Ye	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	BESSIE URWICK- 707 LYKE DRIVE					
	-	18. 33 / X   CAUSE OF						
FO it		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	: bral It converbage 1 day					
22	ANTECEDENT CAUSES							
RESE INK. please	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	) cuting ) years					
IN R.	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ruis 1 claresss 7 4					
MARGIN I UNFADING Physicians: p	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
-	AL C	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPEN WAS PERFORMED	RATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II					
TE PLAINLY, WITH especially important.	IEDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	g., in or 21c. WHERE DID (If in Baltimore City, give exact location)					
PLAINLY ecially imp	Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK						
PL pecia		" " " " " " " " " " " " " " " " " " "	19 46, to 12/3/ , 19 13, that I last saw the					
			ed at 11.4, m., from the causes and on the date stated above.  B. ADDRESS   23c. DATE SIGNED					
WRI e is		I puly M.D.	2320 Enfant 10 11/21/23					
E 8	TI	4A. BURIAL CREMA- 248 DATE 24C. NAME OF CEMETERY BURIAL (Specify) 1-3-1954 Helven Level	melshin Balto. Mel					
PLEAS correct	D	OCAL REGISTRAR IAN 1 - 1954 Hantington Vallegium A	Each Leuri In- 2100 Eulaw PL					

pr. Zenberg

	123	11602 BALTIMORE CITY HEA				
The		CERTIFICATE  NAME OF DECEASED	OI DEATH			
ed.		ype or Print) LENA LYBITZ	2. DATE OF 12/31/53			
ippli	Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
ns A	H	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
efull		Sina Hospital	Haltimore ( 10 mship)			
car	c.	Length of stay in Baltimore  45 Mos. Dans	2808 Waldorf Co			
uld be	5.	F 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE On years if Under 1 Year last birthday) Months Days Hours Min.			
ADING information should be carefully supplied. s of death clearly and legibly.	worl	A USUAL OCCUPATION (Give kind of None during most of working life, e.g.) if retired INDUSTRY	1. BIRTHPLACE (State or foreign country)  A ativa  12. CITIZEN OF WHAT COUNTRY?			
Gnati	13	FATHER'S NAME	4. MOPHER'S MAIDEN NAME			
BINDING of inform uses of dea	15 (Ya)	. WAS DECEASE EVER IN U. S. ARMED FORCES? 16. SOCIAL  In no or unknown) (If yee, give war nr dates of service) SECURITY NO	THEARMANN P / ADDRESS			
R BINI em of in causes			Thelip dubits - bane			
RESERVED FOR INK. Every item please write the cal	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	tensuie Cardiovasiulos  Orseral.			
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
н.	CAL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED				
	MEDI	OR CONTRIBUTING CAUSE OF about home, [arm, factory, street, office bld DEATH (NOTIFY MEDICAL EXAMINER)	g.,eto.) INJURY OCCUR?			
LAIN ially i		OF INJURY  OF INJURY	21F. HOW DID INJURY OCCUR?			
PLEASE WRITE PLAINLY, correct age is especially imp		22. I hereby certify that I attended the deceased from 12, deceased alive on 12/30, 1953, and that death occurre 23A. SIGNATURE 23E	2 1953, to 2 3 , 1953, that I last saw the ed at 7 m., from the causes and on the date stated above.  3. ADDRESS 23C. DATE SIGNED			
ASE Vect age	27 TV	BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY (CREMOVAL (Spacify))	OR CREMATORY 24D. LOCKTION (City, town, or evinty) (State)			
PLE		TE RECEIVED BY REGISTRAR'S SIGNATURE	B. FUNERAL DIRECTOR DORESS			

ADDRESS Terre INTERVAL BETWEEN ONSET AND DEATH ent D TO 20. AUTOPSY YES ity, give exact location) 53 that I last saw the the date stated above. 23c. DATE SIGNED BURIAL, CREMA-REMOVAL (Specify) 240. LOCATION (City, town, or edunty) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRARY VS 150



821.0

1953, that I last saw the 31 . 19 33 and that death occurred at 4.50 mm., from the causes and on the date stated above. 23c. DATE SIGNED 240, LOCATION (City, town, or county) ADDRESS

before admission)

II Under 1 Year

ADDRESS

12. CITIZEN OF

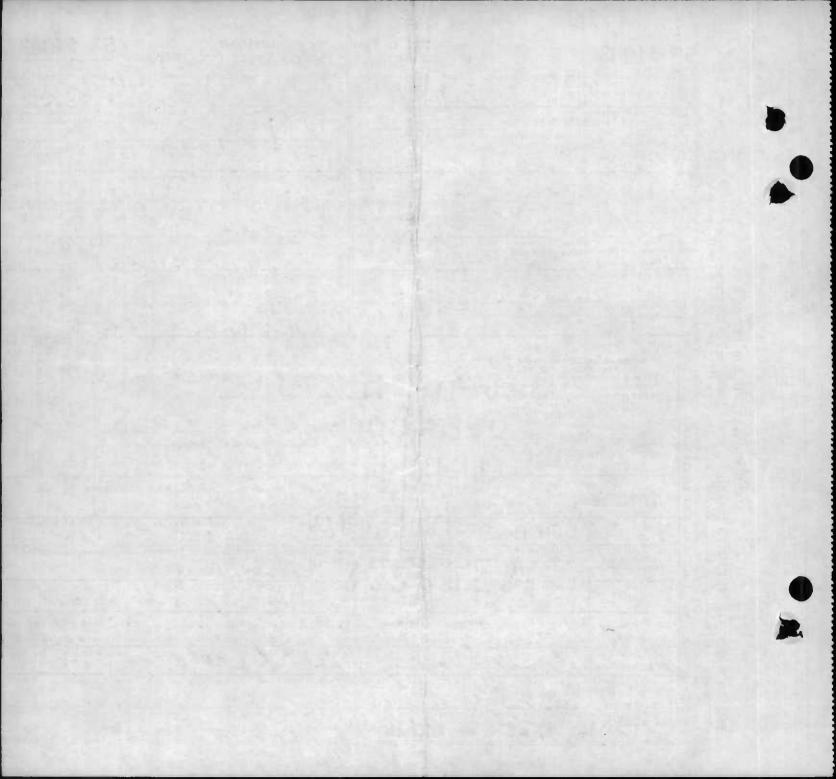
INTERVAL

ONSET AND

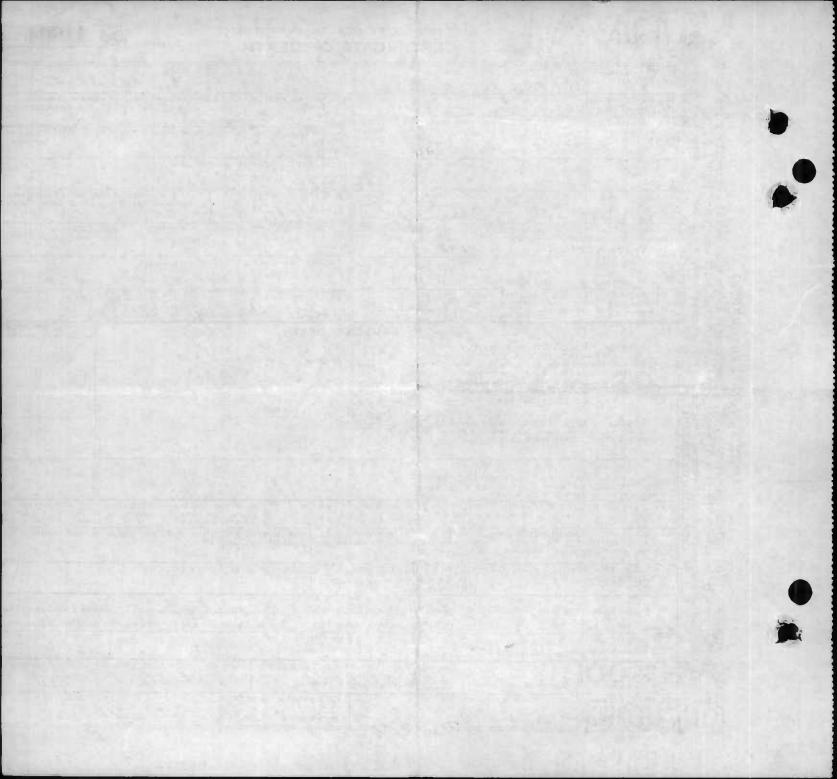
20. AUTOPSY

township)

TWEEN DEATH



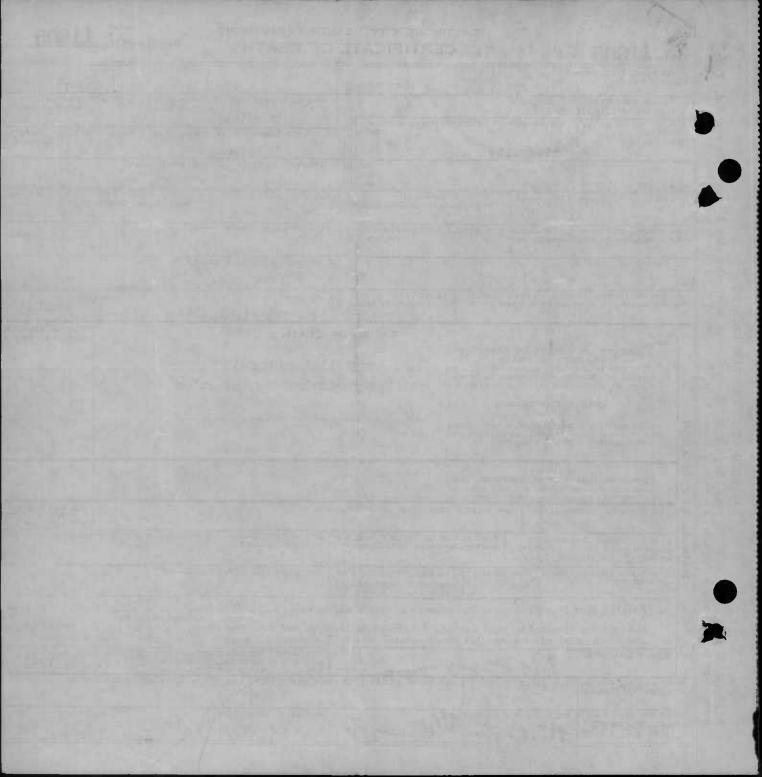
<u>.</u> 5	3	11604 CERTIFICAT	EALTH DEPARTMENT Registered	3 11604		
d. The	1.	NAME OF DECEASED HARMON A. Loretta.	2. DATE OF 12	-30-53		
R BINDING em of information should be carefully supplied. causes of death clearly and legibly.	A.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	Institution : residence before admission)		
	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION  St. Hques Hospital				
	1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
	_	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mo	f Under 1 Year H Under 24 Hours onths Days Hours Min.		
n shou learly	1C worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, oven if retired)  HOBSEKCEPER  HOME	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
G mation eath c	13	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  505/E COMBS			
BINDING of inform uses of dea	15 (Ye	D. WAS DECEASED EVER IN U. S. ARMED FORCES?  s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
RESERVED FO INK. Every it please write the	FICATION	DISCLASE OF CONDITION DIFFERING	of DEATH  Chral Kemorrhage  pertension	INTERVAL BETWEEN ONSET ANO DEATH		
MARGIN I UNFADING Physicians: 1	CERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ted.	L	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OF WAS PERFORMED   21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY (	CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO		
ILY, impo	MEDICA	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  about home, farm, factory, street, office part of the control of the	bldg.,etc.) INJURY OCCUR?	Sive Charles Issued,		
PLAIN ecially		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	x 🗀 📗	Sthat I last saw the		
č			rred at 64 m., from the causes and on t	he date stated above.    230 DATE SIGNED		
E WRITE	2.	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town	LEC 30, 53		
PLEASE correct a	D	ON, REYOVAL (Specify) James, 1954 Catheful ATE RECEIVED BY REGISTRAR'S SIGNATURE	Cem. Bulls.  25. FUNERAL DIRECTOR	ADDRESS		
PI		AN 2-1954 # to Williams	Senge A. Filey . Catarios	ll, mf.		
		V\$ 150				



BINDING

RESERVED

MARGIN

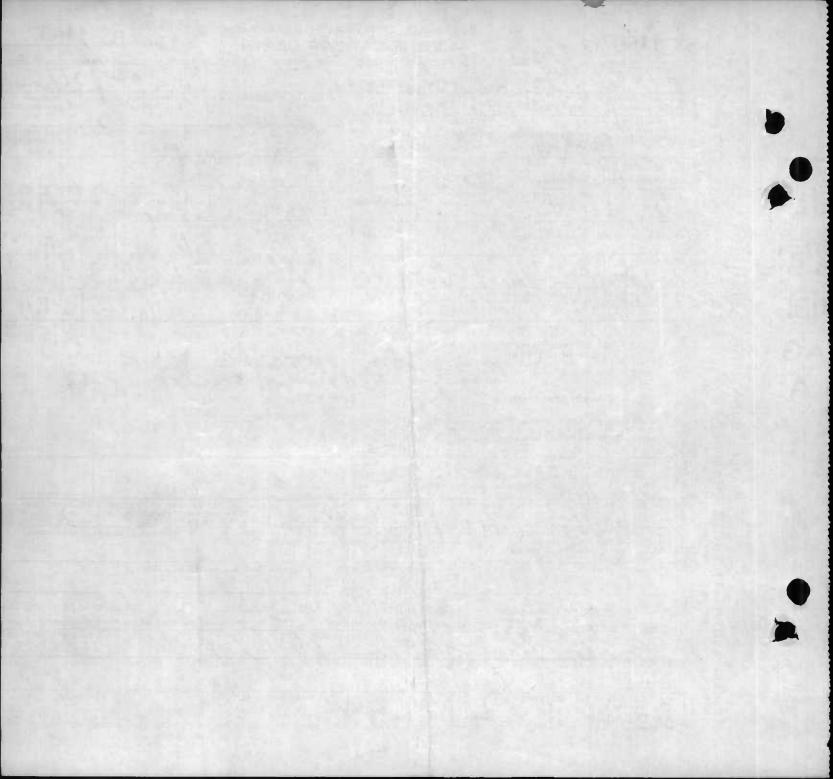


# CERTIFICATE OF DEATH Registered No. 11606

BI	RTH NO.	E OF BEATH							
1.	NAME OF DECEASED	2. DATE							
(1)	John Everett Groce	Dec. 31.1953							
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)							
HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) STITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
11	St. Joseph's Hospital	DUNDALK (22)							
1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)							
	Length of stay in Baltimore DUNDALK-34 yrs Days	6821 Dunhill Read - 22							
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   H Under 1 Year   H Under 24 Hours   Months Days   Hours Min.							
10	Male White Married  A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF							
vork	done during most of working life, even if retired)  CORDER (RETIRGO) STEEL MFGR.								
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	GEO. W. GROCE	EMZABETH SWEIGERT							
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS							
(160	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	IDA M. GROCE - SAME - WIDOW							
1		OF DEATH INTERVAL BETWEEN							
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH							
	(This does not mean the mode of dying, e.g., (A)	ardiac failure							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
_	ANTECEDENT CAUSES  (B) Pneumonia								
5	DISEASES OR CONDITIONS, IF ANY, GIVING								
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C) Perforated Ulcer								
9	(C)								
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ER	TO THE DEATH BUT NOT RELATED TO THE								
Ü	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OF	PERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?							
1	WAS PERFORMED	CAUSE OF DEATH, ENTER IN YES NO							
CA	21A. ACCIDENT WAS UNDERLYINGUI 218. PLACE OF INJURY (e.g., m of 21c. WHERE DID (If in Baltimore City, give exact location)								
EDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?								
Σ									
	OF INJURY WHILE AT NOT WHILE								
	22. I hereby certify that I attended the deceased from Dec. 16 th 19 53to Dec. 31 st 19 53 that I last saw th								
	deceased alive on 19 53, and that death occur	rred at 2:10 m., from the causes and on the date stated above.							
	100,50								
24	M. D.   1	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)							
	N, REMOVAL (Specify)	aula) Boi To Co. mod							
-	TE RÉCEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS							
4	OCAL REGISTRAR	abot la de la la Dal ma							
7	HILL - 1954 metrigles Hollegues, Aget	with I man I have I have selling							

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	5	-5	00		BAL	TIMORE CIT	Y HEALT	H DEPARTM	ENT		2 4460"	7
The	),3	1160 RTH NO.	53-3	2331	Ma	CERTIFIC	CATE C	F DEATH	F	legistered N	3 1160%	
		NAME OF Cype or Print)	ECEASED	Ba	4	SUPP	204		2. DA O DE	F	/31/5	-3
supplied.		PLACE OF D		yland	Wrece	HOSP 1		JSUAL RESIDEN	CE (Where dec		netitution : reside before adm	
ly su	H	FULL NAME OSPITAL OR ISTITUTION	OF (If n	ot in hospita	il or institut		cation) c. C	Maryla EITY OR TOWN	Of the same of the	orporate limits	write RURAL at	nd give
carefully egibly.	1	7	IVIEN	Cy	יןכטקו	. 1100.	Yrs. D. S	Raltin		ve location)	tow	паптр)
e car legi		Length of			25	hours	Mos. Days	6435	. Oldha	m St.		
should be carefu		SEX	6.COLOR	1	WIDOW	E. MARRIED. VED. DIVORCED		2/3953			Under I Year H Under aths Days Hours	Min.
NDING information should is of death clearly a	wor!	A. USLIAL OC k done during most	CCUPATION of working life,	(Give kind of even if retired)	108. KIND	OF BUSINESS	OR 11. I	BALT	te or foreign co	untry)	12. CITIZEN OF WHAT COU	
G matic eath	13	FATHER'S	NAME	/AEC	206	Sugarina	14.	MOTHER'S MAID	EN NAME	Va 1/2	02	
BINDING of inform uses of dea	15 (Ye	. WAS DECEAS		U. S. ARMED		16. SOCIAL SECURITY	NO.	INFORMANT			DRESS	
BI n of	-	18.	60.4			CA	G1 USE OF 1	lbert Swe	eeney 6	43 S. O	Idham St	
FOR item			SE OR CO LEADING s not mean	TO DEAT	H	Pa	et-a	mora ti	in c	hock	ONSET AND	DEATH
		heart fail	are, asthenia complication	etc. It mean	as the diseas	e,	era	iv of	die	hragi	netic	
	Z	38	ANTECED	ENT CAUS	ES	(B)	he	rnia				
rh	Oi-	RISE TO	S OR CONE	CAUSE (A)	STATING TH	IG	*****************			***********************	*****	•••••••
GGIN DINC	FICA					(C)			******************	***************************************		
MAF NFA hysic	ERT	TO THE	DEATH E	UT NOT F	ELATED TO							
H	LC	19A. DATE		ION 5   15		TION FOR WHI		CAL	OPERATION WA	H. ENTER IN		
ILY, WITH important.	EDICA	21A. ACCID OR CONTRI DEATH (NO	BUTING	CAUSE OF	about	. PLACE OF INJ home, farm, factory, str	URY (e. g., in	or 21c. WHERE			give exact location	
/.	ME	21d. TIME OF INJURY				21E. INJURY OC	CURRED NOT WHILE	2 IF. HOW DI	D INJURY O	CCUR?	4	
PL. ecia		22. I herel	by certify	that I att		deceased from	14	39/ 1933	to 12	31,195	that I last so	w the
WRITE e is esp		deceased a	HOGOR L.L.	16 50	71953	and that death		m., f	rom the cales	es and on th	e date stated of	zoove.
50	2.	TA DHEIAI	CRMA-1 24	B. DATE	nry	AC, NAME OF C	ro.	neray	LAD LOCATIO	N (City, town.	14311 or county) (3	59 State)
	TI	on removal ( Burial	Specify	an. 2	954	New Cath		0		denick	Balto ADDRESS	.Md
PLEAS correct		ATE RECEIVE	D BY RE	GISTRAR	SIGNATU	Williams	. 25.	FUNERAL DIRECT			address S.Charle	
	-	VS 150	954 1 7	Junto	9		9 9			2220	o tottet ite	300



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11608

BI	RTH-NOUG			CERTIFICATI	E OF DEATH	registered A	V	
1. (T	NAME OF D		k Harri	is		2. DATE OF DEATH DEC.	28, 1953	
	PLACE OF D Baltimore (	FATH.		ore, City	4. USUAL RESIDENCE			
В.	FULL NAME	OF f not in hospits	al or institut	ion, give street address or location)	II	75-	00	
IN	DSPITAL OR	1706 Bra	adv Av		Baltimore- F	(If outside corporate limits	township	
				Yrs.	o. STREET ADDRESS			
		tay in Baltimore		rs Mos.	1706 Brady			
	sex a <b>le</b>	6.COLOR OR RACE		E. MARRIED. VED DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths Days Hours Min.	
بنتتار		CUPATION (Givekind of	10B. KIND	O OF BUSINESS OR	5/30/I883 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF	
work	done during most ong shor	of working life, even if retired)	Water	INDUSTRY	North Carol		WHAT COUNTRY	
	. FATHER'S N				14. MOTHER'S MAIDEN			
	gston H				Sarah Crompt	on		
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates		16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
1					Sarah Crompt	om -1706 Br	ady Ave	
RTIFICATION	OTHER S	SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVII STATING TI ST.	HE DUE TO  (C)				
CEF	TO THE D	ISEASE OR CONDITION	CAUSING I		PATION		20. AUTOPSY?	
_1	19A. DATE C	F OPERATION 1	SB. MAJOR	FINDINGS OF CITE	ATTON		YES NO	
DICA	218. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in of the part							
ME	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	R RES	
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and fr Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abo and death in my opinion resulted from: natural causes Accident , suicide , homicide , undetermined .							
	23A. SIGNA	175	fin		23B. CHIEF MEDICA ASSISTANT MEDICA .D. MEDICAL INVESTIG	ATOR DE	c. date signed ec. 28. 1953	
TH	N. BENOVAL	CREMA- 24B. DATE	-1.	24c. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town,	or county) (State)	
P	ATE RECEIVE	D BY   REGISTRAR'	S SIGNATI	JRE COM	25, FUNERAL DIRECTO	Jala Uk	ADDRESS	
LC	CAL REGIST	RAR 11	4	Afre .	IL Que	son 1	0	
V	S 151	JJA James	1	THIS WAY	-108W.M	nontromera	Street	
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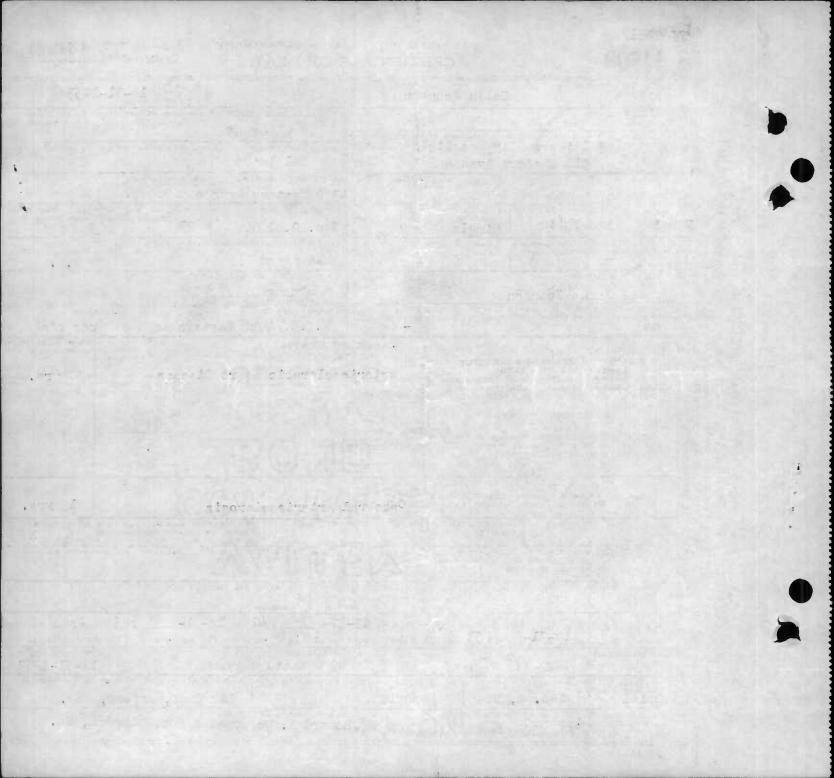
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11609

BI	RTH NO.						
	NAME OF DE ype or Print)	CEASED	Della d	Johnson		2. DATE OF DEATH	31-1953
A.	FULL NAME	ity, Maryland	al or institut	ion, give street address or	A. STATE Maryl	NCE (Where deceased lived, I	f institution; residence before admission)
HO	OSPITAL OR ISTITUTION	Baltimore Ci 4940 Easter		*	c. CITY OR TOWN Baltimo	1 1 1	its, write RURAL and give township)
		cay in Baltimore		Life Yrs. Mos. Days	4940 Eastern		
	male	6. COLOR OR RACE White		E, MARRIED, VED, DIVORCED (Specify) 8	Jan. 9, 186	last hirthday) M	if Under 1 Year if Under 24 Hours   Min.
WOT	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	Jew Ser	of BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		James Johnson		1	14. MOTHER'S MA		
15 (Ye	. WAS DECEASE s, no or unknown) NO	D EVER IN U.S. ARMED (If yes, give war or date)	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		(records)
	18. 4 70 DISEAS	E OR CONDITION	DIRECTLY		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does	not mean the mode of re, asthenia, etc. It mean complication which complication which complements are sentenced to the complements of the compleme	TH f dying, e. 1 ns the diseas	se.	osclerotic H	eart Disease	20 yrs.
		ANTECEDENT CAUS		a.) DUE TO			
FICATION	RISE TO TH	OR CONDITIONS, IN HE ABOVE CAUSE (A) TING CONDITION LA	STATING TH	( <b>B</b> ) NG HE DUE <b>T</b> O		·	
FICA				(C)	•••••••••••••••••••••••••••••••••••••••		1
CERTI	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING	RELATED TO	JTING Cerebra	l Arterioscl	eresis	15 yrs.
CAL		0 "	AS PERFO		C	F OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO
MEDICA	OR CONTRIB	NT WAS UNDERLYI UTING CAUSE OF IFY MEDICAL EXAMINE	about	s. PLACE OF INJURY ( home, farm, factory, street, office	(e.g., in or 21c. WHEF bidg., etc.)	RE DID (If in Baltimore City CCUR?	, give exact location)
	210 TIME ( OF INJURY	Month) (Day) (Year)	(Hour) m.	2 1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LETT	DID INJURY OCCUR?	
	22. I hereby	y certify that I att ive on 12-31-	ended the		rred at 4:20A m.	, to 12-31-, 19, from the causes and on	53 that I last saw the the date stated above.
	23A. SIGNAT	+4292h	m. On	C M. D.	238. ADDRESS 4940 Eastern		23c. DATE SIGNED 12-31-1953
2. Ti	4A. BURIAL, CON, REMOVAL (S		1954	Spesutia		Perryman, Harfor	rd, Md.
	ATE RECEIVED		-	Volliams My	25. FUNERAL DIR HOWARD K. MC	ector Comas & Son, Abin	gdon, Md.
	VS 150	19	•				

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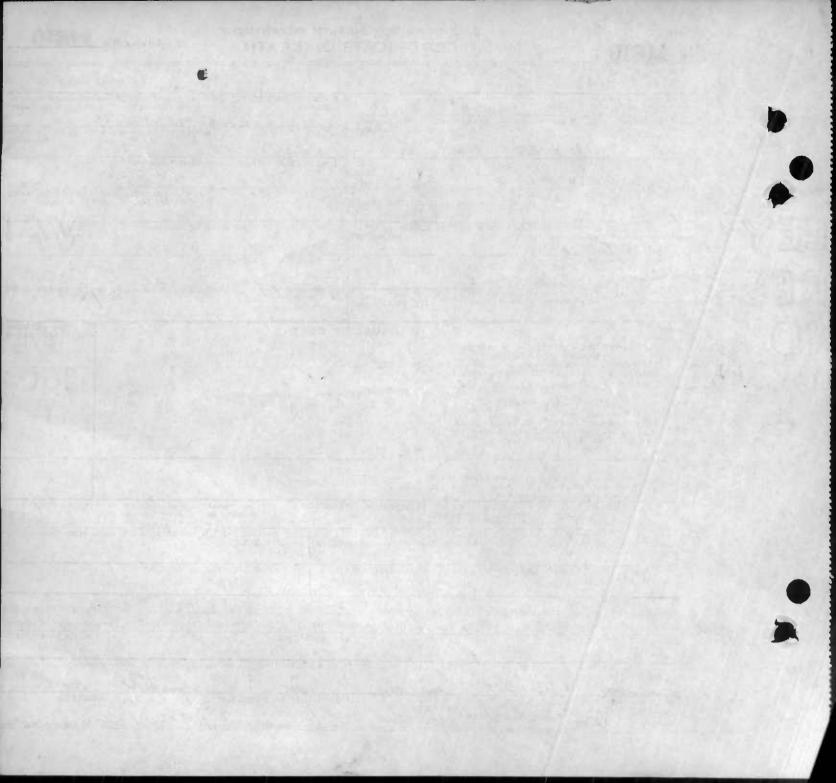


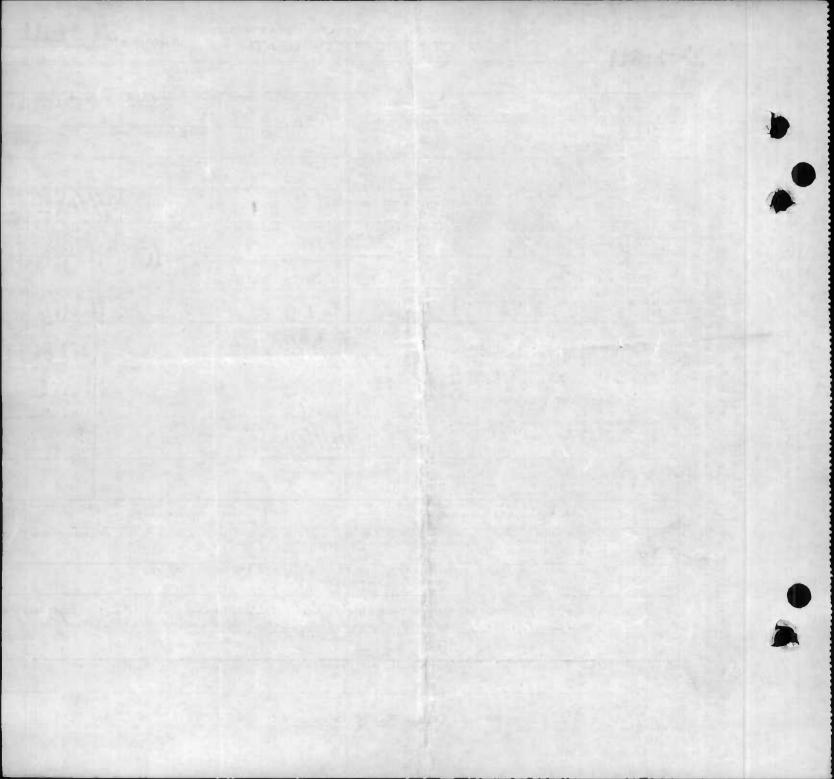
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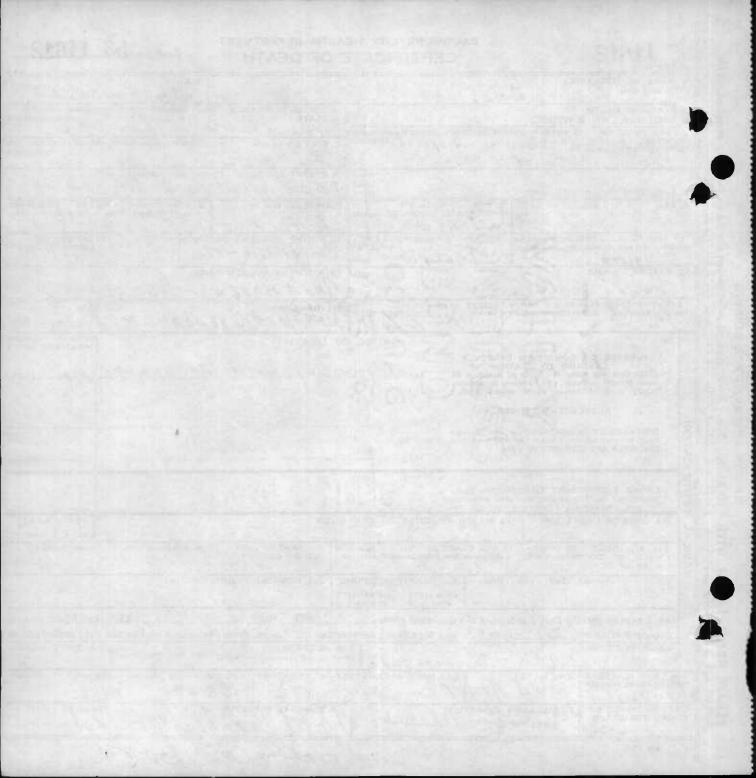
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11610

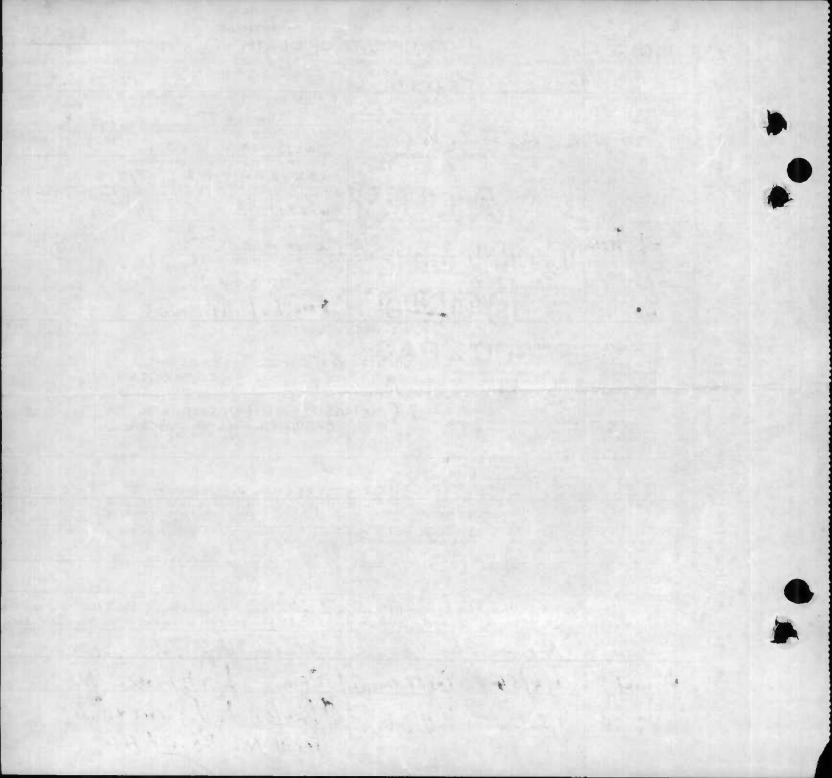
1.1	IRTH NO LU			JERTH TOAT		ברתוו	•	K			
1 (	NAME OF DETYPE OF Print)	oliver clea	uents					2. DATE OF DEATH	2-31	-53	
1		City, Maryland Tr	oviden?	- HOSPITA)	A. STA	JAL RESIDE	NCE (Wh	B. COUNTY		before ad	
F	FULL NAME HOSPITAL OR NSTITUTION	OF (If not in hospit:	al or institution	on, give street address or location)	c. CITY	OR TOWN		outside corporate l	imits, wri		and give
1	34	Troujden	T 17 00	Yrs.	D STR	EET ADDRE	SS (If n	HANE H	)	1 00	
	. Length of s	tay in Baltimore		Mos. Days	Bo	X 376	2. 61	Enn Buk	1	Md.	
	M. SEX	6. COLOR OR RACE	7. SINGLE WIDOWI	MARRIED. ED. DIVORCED (Specify)	8. DAT	E OF BIRTH		9. AGE (In year last birthday)	Months	Yess Hour Days	or 24 Hours 8 Min.
WC		CUPATION (Give kind of of working life, oven if retired)	10s. KIND	OF BUSINESS OR INDUSTRY	1493	shing	ton	eign country)		CITIZEN O	
	Char	as cloud	outs		14. MO	THER'S MA	O. T	he had h			
	5. WAS DECEASE 'es, no or unknown)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INF	ORMANT	1 /		ADDRE	ESS	
NO HACIETY OF	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA' not mean the mode of the complication which complication is consistent to the complication of the complication o	FH  if dying, e. g.,  ns the disease  aused death.  SES  F ANY, GIVING  STATING THE  STATING  STATING	(B)	of de		fs tro	Sig moig		NTERVAL B	
	TO THE DISEASE OF 19A. DATE OF CONTRIES	DEATH BUT NOT PRECONDITION CAUSING OF OPERATION 1 V ENT WAS UNDERLY BUTING CAUSE OF	RELATED TO SIT. 9B. CONDIT VAS PERFOR	THE TON FOR WHICH OF	EU C/	21c. WHER	PART I OF	ION WAS RELATE DEATH, ENTE R PART II	RIN		NO G
NA E		(Month) (Day) (Year)		1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	21F. HOW	זנאו סום	URY OCCUR?			
		by certify that I at		deceased from /e	2-2 rred at			2-3/, 1 se causes and c		at I last :	
	23A. SIGNA	TURE /A	RUZ		23B-ADE		1400	D, 79/		c. DATE S	
-	24A. BURIAL.	CREMA- 248. DATE Specify)	54	49 NAME OF CEMETE	ERY OR C	REMATORY	1/9	CATION (City, to	own, or co	10.	(State)
t	DATE RECEIVE	D BY   RECISTRAR	SSIGNATO	Waliques A	25. FU	NERAL DIR	ECTOR	Yuckson	Pan Pan	DRESS	
=	VS 150		0				//	7-0011		- LI	







В	44.613 CERTIFICATI	E OF DEATH Registered No. 11513
1. (Ty	NAME OF DECEASED Spechael PRUSSING.	2. DATE OF DEATH /2-31-53
B. I	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or open that the control of the	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission C. CITY OR TOWN (If outside comparate limity, write RURAL and give
IN:	STITUTION Mercy Hogest, Inc.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days  SEX [6.COLOR OR RACE] 7.SINGLE, MARRIED.	236 LAURENS ST.  8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year   If Under 24 Hours
J.	WIDOWED, DIVORCED (Specify)	6/27/1876 last birthday) Months Days Hours Min.
rork	A. USUAL CECUPATION (Give kind of a done during most of working life, even if retired)  INDUSTRY	BALTIMORY IND. USB.
13	John H. Paussins.	Unito our
	was Deceased ever in U. S. Armed Forces? 16. Social Security No.	TO INFORMANT RECORDS
	18. 470.1 CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	POSTERIOR MYOCARDIAL 23 hrs.
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	CORDIOVASEULAR DISCASE
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CEREBRE DISEASE OR CONDITION CAUSING IT.	- Vasenia R Hecipen - 4 month
AL O	19a. DATE OF OPERATION 19a. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO
1EDIC.	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
~	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY WHILE AT NOT WHI Dt. WORK AT WOR	LE
	22. I hereby certify that I attended the deceased from	7-27, 1953, to 18:31, 1953 that I last saw the rred at 12:554m., from the causes and on the date stated above
	23A. SIGNATURE	238. ADDRESS When Imposed 12-31-53
24		
TIC	ON REMOVAL (Specify)	- A ///
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR	+ M. (41)

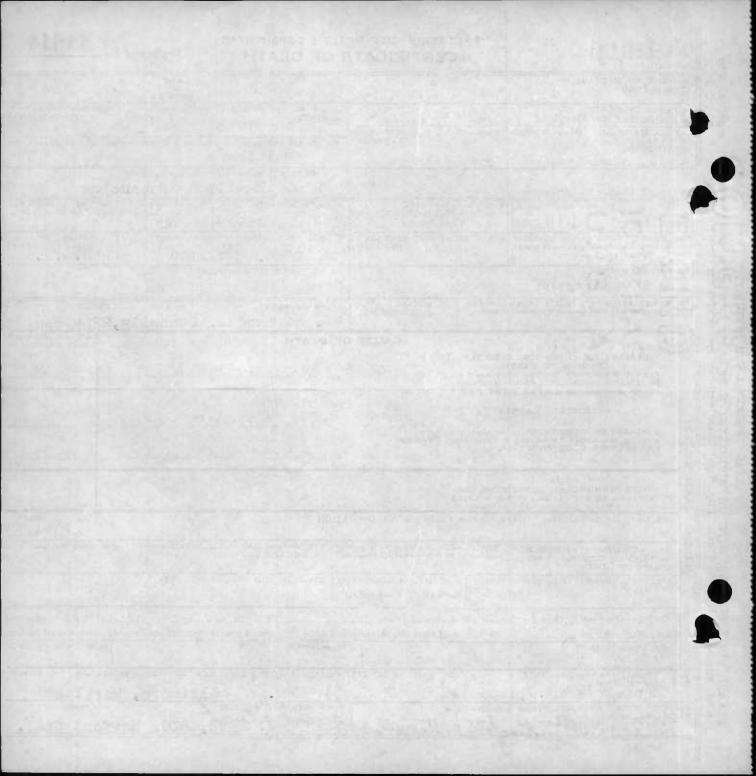


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	53 1161	4	
	BIRTH NO.	ECEACED.	
	(Type or Print)	Mus Marga	eri,
		City, Maryland	
	HOSPITAL OR	OF (If not in hospita	
. 2	, Doc	JOR'S HOSE	oit
okup.	c. Length of s	tay in Baltimore	
ne	5. SEX	6. COLOR OR RACE	7. S W
A	female	white	
death clearly and egiber	10A. USUAL OC work done during most of at h	CUPATION (Give kind of f working life, even if retired) OME	108.
th	13. FATHER'S N		
dea	Andrew	Zinkand	
of	15. WAS DECEASE (Yes, no or nnknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORC of serv
rite the causes	(This does	SE OR CONDITION I LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which co	H f dyin ns the

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE before admission) Marvland stitution, give street address or c. CITY OR TOWN (If outside corporate limits, write IU RAD and give location) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2209 Hamilton Avenue Days INGLE, MARRIED.
IDOWED DIVORCED (Specify)
Widowed 8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months; Days Hours Min. July 21, 1891 11. BIRTHPLACE (State or foreign country) KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Richard L. Connelly, 2209 Hami CAUSE OF DEATH CTLY g, e.g., discase, death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE , 1933, that I last saw the 22. I hereby certify that I attended the deceased from\_ , 1953, and that death occurred at 5 19 deceased alive on LEC 31 24 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Jan.2,1954 Redeemer Baltimore, Burial Maryland DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5305 Harford Road .



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

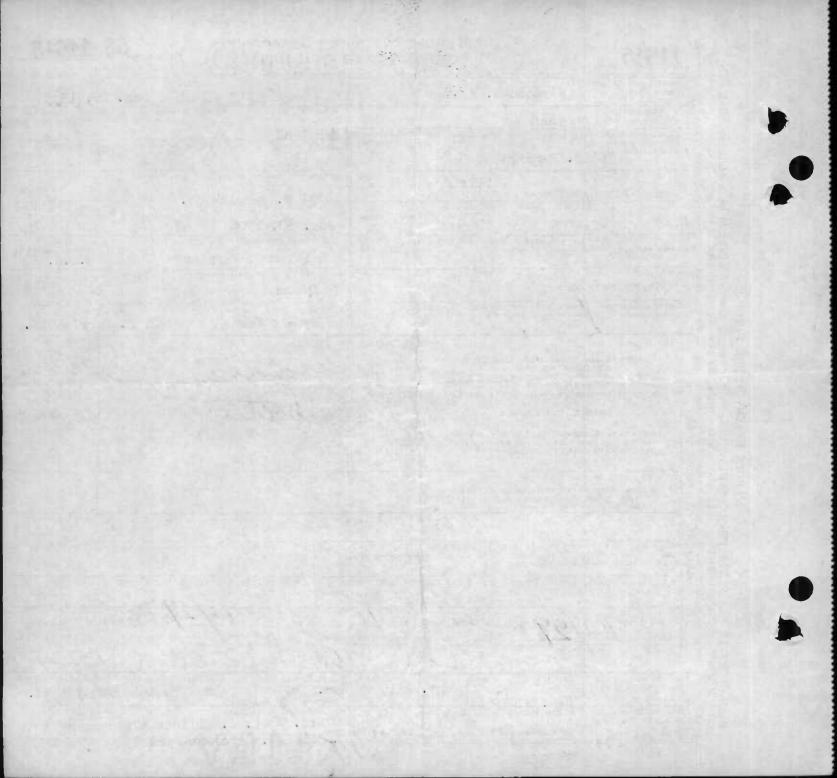
MARGIN RESERVED FOR BINDING

H-525 11615 BIRTH NO.

## CERTIFICATE OF DEATH

Registered No. 11615

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Raymond W. Henson	2. DATE OF DEATH Dec. 29, 1953
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 401 N. Parrish	C. CITY OR TOWN (If outside corporas limits) write RURAL and give township)
Life Yrs. Mos. c. Length of stay in Baltimore Days	Baltimore D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH  9. AGE (In years H Under I Your last birthday)  Aug. 30, 1904  47  H Under I Your H Under 24 Hours Min.
10a. USUAL OCCUPATION (Givekind of work domedaring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME Harry Henson	14. MOTHER'S MAIDEN NAME Dutton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mammie Keene 401 N. Parrish St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ephritis 4-mos
DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PART I OR PART II YES NO
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	(e. g., in or bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	LET
deceased alive on 1900 allended the deceased from deceased alive on 1900 and that death occur 23A. SIGNATURE Jasky	red at 2 fm!, from the causes and on the date stated above.  278/ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE Mt. Calvary	ERY OR CREMATORY   240. LOCATION (City, town, or county) (State)
Burial Jan 2 1954   Date Received by Registran's Signature LOCAL REGISTRAR  LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS Mrs. Robt. A. Elliott & Daughter
VS 150 97	o 95

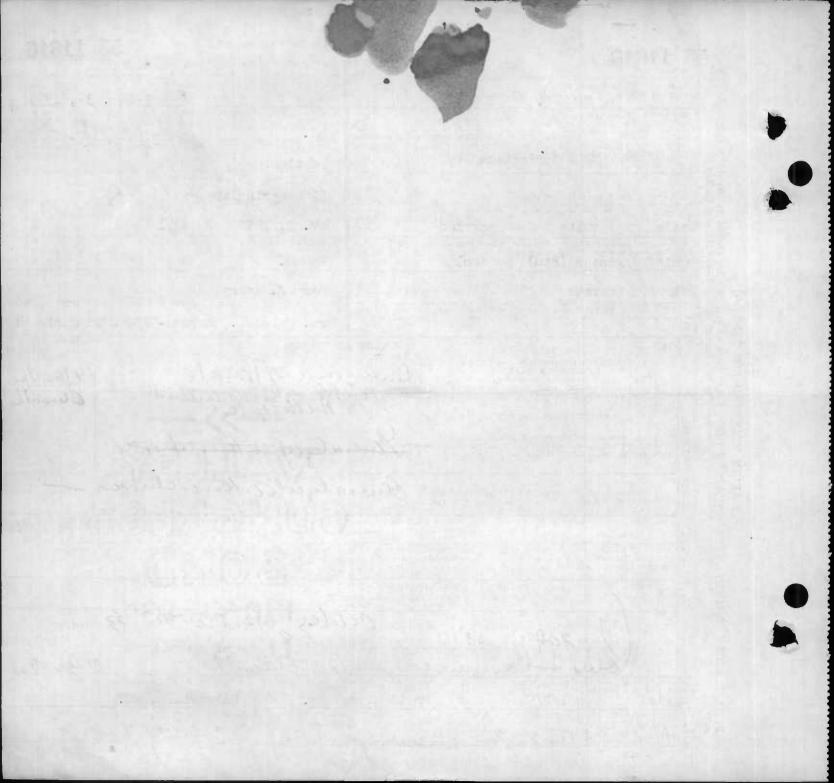


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 11616

BII	RTH NO.			GLIVIII IOATI	- OI DIE/		*		
	NAME OF DI	ECEASED					2. DATE OF		
	vpe or Print)	RICHARD HA	RRY STE	WENS			DEATH DE	ec. 31,	
	PLACE OF DE	EATH: City, Maryland			4. USUAL RESI	DENCE (WI	here deceased lived.  B. COUNTY		r: residence fore admission)
-	FULL NAME		al or institut	ion, give street address or	Md.		00	11/	
HC	SPITAL OR			location)	C. CITY OR TOV	VN (If o	outside corpora e lim	its, write R	
l-A	STITUTION	5200 Spring	lake Wa	y	Baltimor	'e	2.		township)
-				Yrs.			ural, give location)		
c.	Length of st	tay in Baltimore		Mos. Days	5200 Spr	inglake	Wav		100
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIR		9 AGE UR Vents	It Under 1 Year	If Under 24 Rours
ma	ale	white	marri	/ED DIVORCED (Specify)	Not. 3, 1	872	last hirthday)	Months Day	s nours min.
		CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	II. BIRTHPLACE		reign country)	J 12. CITI	
work	doneduring mosto	working life, even if retired) neer (rtd)	Steel	INDUSTRY	Penna.			WHA	AT COUNTRY?
	FATHER'S N		2000		14. MOTHER'S	MAIDEN NA	MF		
	chard St				Mary J.				SUL PIECE
			FORCES	Lie cociti					
(Yes	, no or unknown)	D EVER IN U. S. ARMEE (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	7 T. S+	cevens-5200	ADDRESS Spring	lake Mey
no	,				mis. have	T T. D.	Je Ve115= 7200		
	18. 17-	7 X I		CAUSE	OF DEATH				T AND DEATH
	DISEAS	E OR CONDITION		12 '		70 01	0-0	1.1	1 41
H		not mean the mode of	f dying, e. s		onea of	18814	re	14	nevelles
		re, asthenia, etc. It mea complication which c			when our	sous al	cepral	6	worth
		ANTECEDENT CAUS	FS		nutasi	alle		0.	2000
Z		AITTEGEDEITT GAGG		(B)(					
ATION		OR CONDITIONS, II		VG VI	00.0	2-6	nerlinete		
		ING CONDITION LA		(C)	water a	til late	Colon Service		
									***************************************
RTIFI	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBI	ITING Fluer	alied	Tefler	ioselus	ier -	
HH	TO THE	DEATH BUT NOT I	RELATED TO	THE	y				
U				TION FOR WHICH OF	ERATION	IF OPERAT	TON WAS RELATED	TO 20.	AUTOPSY?,
AL	-	- 0 v	AS PERFC	RMED			F DEATH, ENTER	IN YES	No D
O O		ENT WAS UNDERLY	NG   21E	PLACE OF INJURY	e. g., in or 21C, WH	ERE DID (	If in Baltimore Cit	y, give exac	et location)
EDIC		BUTING CAUSE OF		home, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?	7		
Ξ	21D TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 2 IF. HO	ILNI DID W	URY OCCUR?		
	OF INJURY	7	(44044)	WHILE AT   NOT WHIL	E				
			m. 1	WORK AT WORK	41.	50 Q	· · · · · · ·		
	22. I hereb	y certify that I att	tended the	deceased from UC	/ /.	52,70 DE			last saw the
			, 1953,	and that death occur		m., from th	ie causes and on		
	23A. 5 QNA	5) 1 4	5. 1.		3B. ADDRESS	7 111			LE 1952
	V		eu exce	24. NAME OF CEMETE	BY OR CREMATO	241 340 15	OCATION (City, tov		The second second second second
TIC	A. BURIAL, C	Specify)		, ,					(20000)
11	ırial	1/2/54		Druid Ridge			esville, Md		66
	ATE RECEIVE		S SIGNATI	URE	25 FUNERAL	RECTOR	10 . 10	ADDRE	33
_	JAN 2-1	954 1	ton 1	Illiama Mas	· Wm·x	. V.W	muer 7	Don	A
	VS 150			18 Million	(1	/1	2 1	100	111
11			United to			0	suero.	17,1	via.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



53 11617 Registered No CERTIFICATE OF DEATH 2. DATE I. NAME OF DECEASED (Type or Print) OF MILDRED ROBERTS December 30. 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUR and give INSTITUTION township) Provident Hospital Baltimore O. STREET ADDRESS (If rural, give location) Yrs. legibly Mos. 2520 Lauretta Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) ast birthday) Months Days Hours Min. and WIDOWED, DIVORCED (Specify) Female Colored information shous of death clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) MILLIA 13. FATHER & NAME 14. MOTHER'S 15. WAS DECEASED EVER IN (S. ARMED FORCES? (Yes, no on unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no on unknown) SECURITY NO causes CAUSE OF DEATH 20 Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DOME NO. ANTECEDENT CAUSES Myocardial infarct DISEASES OR CONDITIONS, IF ANY, GIVING ATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK WORK TE PLA especiall 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses X, accident \( \subseteq \), suicide \( \suprempty \), homicide \( \suprempty \), undetermined \( \suprempty \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. age MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-248 DATE 24C. NAME OF CEMETERY THON REMOVAL (Specify correct DATE RECEIVED BY LOCAL REGISTRAR

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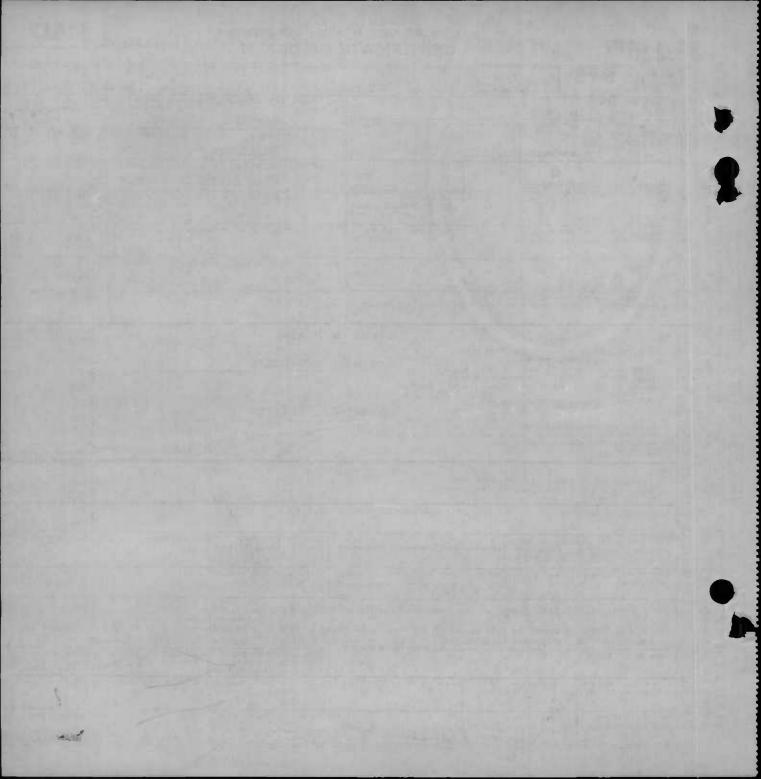
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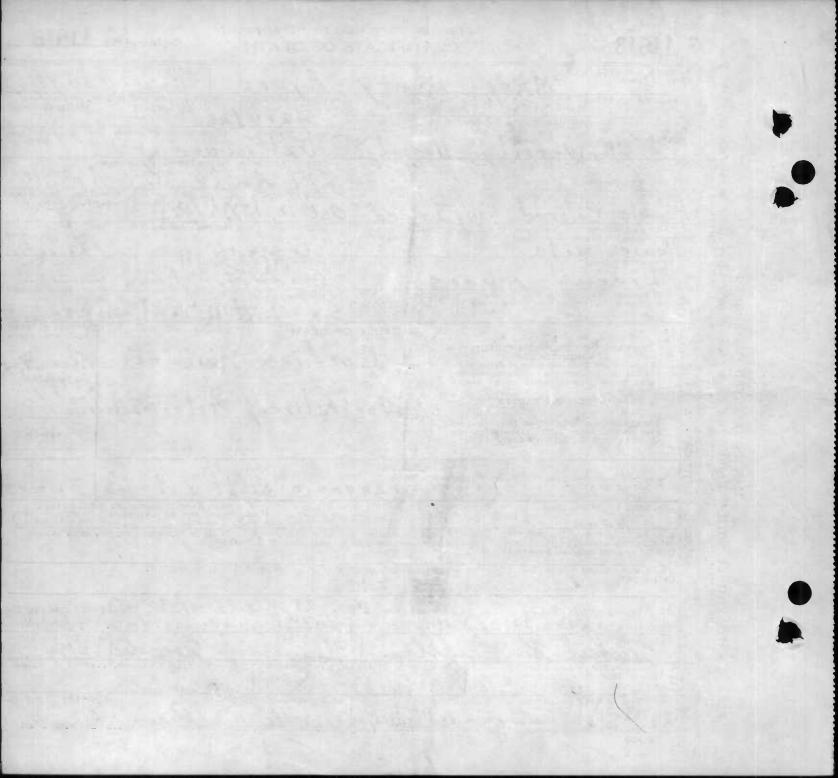
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4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) B. COUNTY (If outside corporate limit , write RURAL and give township) (If rural, give location) It Under 1 Tear If Under 24 Hours AGE (In years last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND OFATH IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location) 30 1953 that I last saw the P.m., from the causes and on the date stated above. 23c. DATE SIGNED 2.b. LOCATION (City town, or county) PLEASE correct LOCAL REGISTRAR VS 150

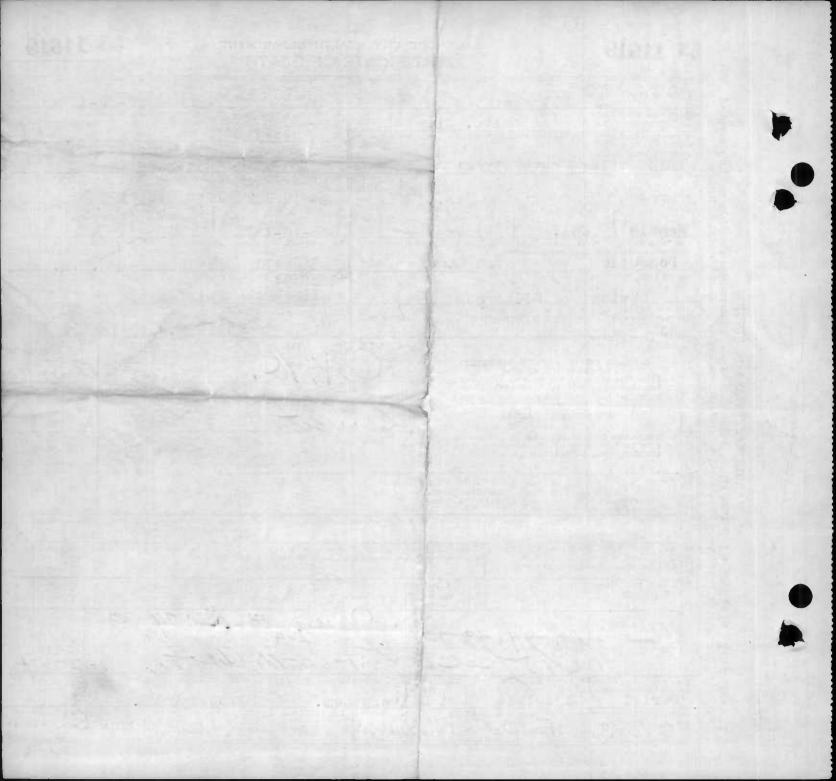


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	11619
Registered	No.	TOTO

BIRTH NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE OF
Eliza	beth Kess	DEATH Dec=29=1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland	Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
	ital or institution, give street address o	
HOSPITAL OR INSTITUTION	location	C. CITY OR TOWN (If outside corporate limb write workAll and give township)
1513 Poplar Grove	Street	Baltimore
120	Yrs.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	60 Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE	E   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   Il Under   Year   If Under 24 Hours
Female Col.	WIDOWED, DIVORCED (Specify	
10A. USUAL OCCUPATION (Give kind	Widow of 10B, KIND OF BUSINESS OR	Dec-15-1873 80 12. CITIZEN OF
work done during most of working life, even if retired	d) INDUSTR	Y WHAT COUNTRY
Domestic	At Home	Beltsville Maryland U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Newton Wi	lkerson	Elizabeth Fairfax
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give wer or da	ED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
NO	tes of service) SECURITY NO.	Viola Lee 1715 N. Caroline St
18.	CALLEE	OF DEATH
772.11		ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE	ATH U	1/64 17 mo.
(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	
Injury or complication which	caused death.) OUE TO	
ANTECEDENT CAL	JSES	1:1
	(B)	MILLI
DISEASES OR CONDITIONS,	IF ANY, GIVING	
UNDERLYING CONDITION	(C)	
0	(0)	
OTHER SIGNIFICANT CONDITION	IC CONTRIBUTING	
TO THE DEATH BUT NOT	RELATEO TO THE	
DISEASE OR CONDITION CAUSIN	19B. CONDITION FOR WHICH C	OPERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?
- 1	WAS PERFORMED	CAUSE OF DEATH, ENTER IN
U 21A. ACCIDENT WAS UNDERLY	VINGET 218 PLACE OF INTURY	(e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE O	OF about home, farm, factory, street, office	ce bldg., etc.) INJURY OCCUR?
DEATH (NOTIFY MEDICAL EXAMIN	NER)	
21D. TIME (Month) (Day) (Yea: OF INJURY		
OF INSORT	m. WHILE AT NOT WH	
		1953, to Rele 39, 1953, that I last saw the
22. I hereby certify that I a		
deceased alive one	4, 1933 and that death open	urred at 124 m., from the causes and on the date stated above
23A, SIGNATURE	Tel M. D.	1300-N. (Illottes 1-2-54
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)		ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial 1/2/19	954 Mt Calvery	Cem. Brooklyn Md.
	R'S SIGNATURE	25 FUNERAL DIRECTOR () ADDRESS
I LOCAL PREISTRAP	tington Williams. A	thory of Wilson 100 Bunkles
	- d	MA CALLED
VS 150		



(Ty	NAME OF DI pe or Print)	20 53-32 ECEASED Mull	en, Baby Boy			2. DATE OF DEATH	12/	31/53
A. I	Baltimore C	ity, Maryland	al or institution, give str	reet address or	A. STATE Md.		ed lived. If in DUNTY	stitution : residence before admission)
	SPITAL OR STITUTION	St. Agnes H	ospital	location)		ore, A med	25	write RURAL and give township)
1100000		tay in Baltimore		Yrs. Mos. Days		le Ave.		
	Male	6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED, DIVOF Baby	RCED (Specify)	8. DATE OF BIRTH 12/30/53		rthday) Mon	ths Days Hours Min.
work d	Infant	CUPATION (Give kind of f working life, even if retired)	Infant	INESS OR INDUSTRY	11. BIRTHPLACE (Star	re, Md.	ry)   1	WHAT COUNTRY:
13.	FATHER'S N	pert Mullen			14. MOTHER'S MAID Eileen			
(Yes,	WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or dates No	of service) SECI	URITY NO.	17. INFORMANT ADDRESS St. Agnes Hospital Records			
				то				
RTIFICATION	DISEASES RISE TO TI UNDERLY	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA  II NIFICANT CONDITIONS DEATH BUT NOT F	F ANY, GIVING STATING THE DUE: ST. (C) CONTRIBUTING	) то				
CERTIFICA	DISEASES RISE TO TI UNDERLY OTHER SIG TO THE DISEASE O	OR CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA  II NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING F OPERATION	F ANY, GIVING STATING THE DUE ST. (C)  CONTRIBUTING RELATED TO THE	) то )	PERATION IF CAL	DPERATION WAS I	ENTER IN	
DICAL CERTIFICA	OTHER SIG TO THE DISEASE O 19A. DATE O CONTRIBUTE OF CONTR	OR CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA  II NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING F OPERATION	F ANY, GIVING STATING THE DUE: ST. (C)  CONTRIBUTING RELATED TO THE IT.  9B. CONDITION FOR /AS PERFORMED  NG 21B. PLACE C about home, farm, fac	TO )  R WHICH OF	PERATION IF CALL PAI	DPERATION WAS I ISE OF DEATH. RT I OR PART II DID (If in Baltin	ENTER IN	YES NO
DICAL CERTIFICA	DISEASES RISE TO THE UNDERLY  OTHER SIG TO THE DISEASE O  19A. DATE O  21A. ACCIDE OR CONTRIE DEATH (NOT	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA  II NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING F OPERATION INT ENT WAS UNDERLYIE SUTING CAUSE OF	FANY, GIVING STATING THE DUE ST. (C)  CONTRIBUTING RELATED TO THE IT. (C)  9B. CONDITION FOR AS PERFORMED  NG 21B. PLACE C about home, farm, face	TO )  R WHICH OF  INJURY ( interpretation of the content of the co	PERATION IF CALL PAI  B. g., in or 21C. WHERE INJURY OCC  ED 21F. HOW DI	DPERATION WAS ISE OF DEATH. RT I OR PART II DID (If in Balti) UR? D INJURY OCCI	more City, a	YES NO Trive exact location)
MEDICAL CERTIFICA	DISEASES RISE TO THE UNDERLY  OTHER SIG TO THE DISEASE O  19A. DATE O  21A. ACCIDE OR CONTRIE OR CONTRIE DEATH (NOT  21D. TIME ( OF INJURY	OR CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA DEATH BUT NOT FR CONDITION CAUSING FOPERATION WE WITH CAUSE OF IFY MEDICAL EXAMINE Month) (Day) (Year)  The Condition Cause of Ify Medical Examine Month) (Day) (Year)  The Condition Cause of Ify Medical Examine Month) (Day) (Year)	CONTRIBUTING RELATED TO THE SIT.  (C)  CONTRIBUTING RELATED SIT.  (C)  CONTRIBUTING SIT.  (	TO	PERATION IF CALL PAINTS OF CALL PAIN	DPERATION WAS INSE OF DEATH. INT I OR PART III DID (If in Baltinur?  D INJURY OCCIO  10 12/31/  From the causes	more City, g	that I last saw the date stated above

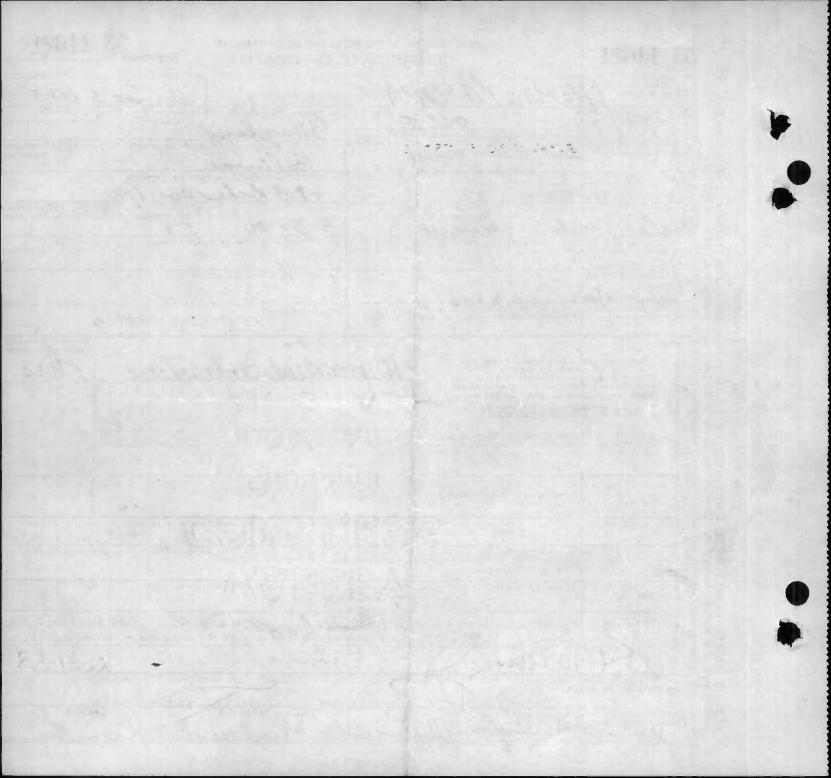
542 Yele A. Market Smile . phrase . Stocking . . postores for a state of the 

PLEASE

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9. AGE (In years a last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? , 1965, that I last saw the 9P. m., from the causes and on the date stated above. 23C. DATE SIGNED 24D. LOCATION (City, town, or county)

hefore admission)

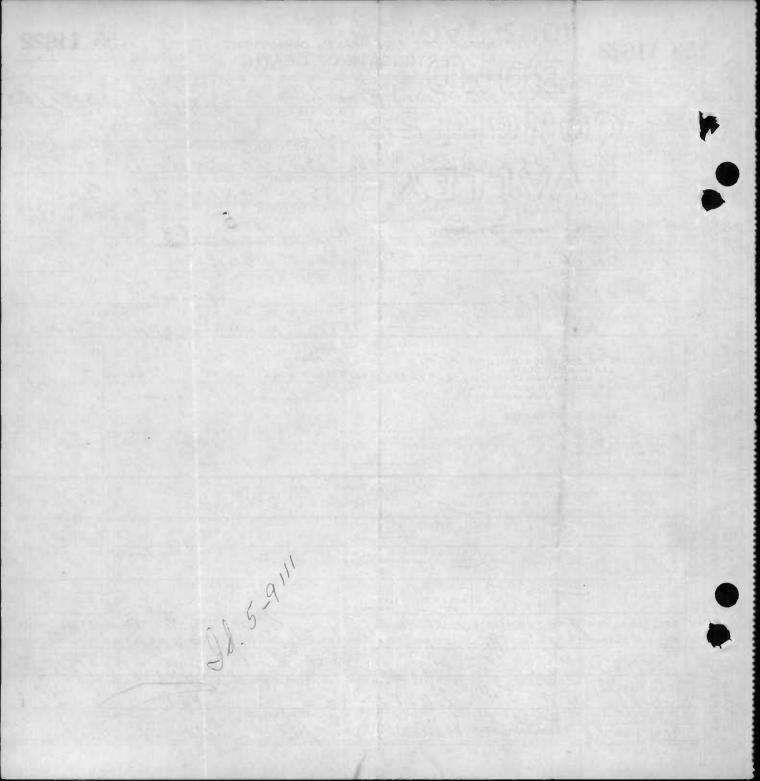


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11622 Registered No.

	DIKTI NO.							
	1. NAME OF DECEASED Mary E. (Mora) Be	ooth 2. DATE OF DEATH DEA 30, 1953						
	a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	190.						
	INSTITUTION 3 5- 1 Page 1/1 011/1/ D	C. CITT ON TOWN (II outside corporate innes, write in the Amand give						
	3501 PARKLAWN HUE	DALTO. 1114, 11						
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
ı	c. Length of stay in Baltimore Days	3501 PARKLAW NI HUE						
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Year   If Under 24 Hours   Min.						
	- W WIDOW	Aug /, 1884 69						
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (S						
	MOUSEWIFE	BALTIMORE THAT SOUNTRY?						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	NOBERT WEIR	1. aharand						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS						
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	C C						
		OF DEATH STATE SAME						
	772	OF DEATH						
	DISEASE OR CONDITION DIRECTLY	Vet de Cathe to						
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	De la constitución de la constit						
	injury or complication which caused death.) DUE TO	Ceral Disease.						
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING							
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
	(C)							
	OTHER SIGNIFICANT CONDITIONS CON-	Tool In						
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	is oselling 13 /s.						
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?						
	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in Lying or Contributing about home, farm, factory, street, office bldg.	YES NO						
1		n or 21c. WHERE DID (If in Baltimore City, give exact location)						
	CAUSE OF DEATH							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.							
	m. WHILE AT NOT WHILE MY WORK AT WORK							
	22. I hereby certify that I attended the deceased from	b, to see 30, 191 that I last saw the						
	deceased alive on the by Sand that death occur	red at 30 m., from the causes and on the date stated above.						
		38, ADDRESS 23C. DATE SIGNED						
	alles & Seconsty M.D.	7939 one (ldery) 12/31/33						
+	24A. BURIAL, CREMA 24B DATE 24C. NAME OF CEMETE	OF CREMATORY 24D. LOCATION (City, town, or county) / (State)						
	BURIAL 1-7-04 DALTIM	ORE BALTO. 1/0						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS						
	JAN 3 - 1951 Tuntington Valeaces, 41	Hillied V. Blight bong Harland P.						
	VS 150	The state of the s						



S-563 3 11623

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11623

The	8	RTH NO.	CERTIFICATI	L OI DEATH	3-2			
5-1	1.	NAME OF DECEASED 'ype or Print)			2. DATE Dec. 31	1070		
ed.		John Semra	d		DEATH	·1+753		
ilqqı	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence a. STATE B. COUNTY before admission					
should be carefully supplied	H	FULL NAME OF OSPITAL OR Baltimore C 1940 Easter	C. CITY OR TOWN (If outside corporate limits the RURAL and give township)					
care	C.	Length of stay in Baltimore Li	Yrs. Mos. Days	o. STREET ADDRESS (I.				
uld be	5.	Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years) HUs			
on shou	1C worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Moulder	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or : Balto. Md.	foreign country)   12	WHAT COUNTRY?		
NDING information s of death cle	13	John Semrad		14. MOTHER'S MAIDEN I	NAME	<b>-</b>		
BINDING of informasses of d	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCE 8, no or unknown) (If yes, give war or dates of serv	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records	ADE Eastern	PRESS		
7 =		18. 420.11		OF DEATH		INTERVAL BETWEEN		
中中		Olsease or Condition Directly  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Coronary Thrombosic 35 Minute						
RESERVED FINK. Every		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
RESEI INK. please	NO	DISEASES OR CONDITIONS, IF ANY, GIVING						
ING I	ICATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)						
MARGIN F UNFADING Physicians: p	ERTIFIC	11 OTHER SIGNIFICANT CONDITIONS CON' TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	TRIBUTING ED TO THE					
田.	AL C	19A. DATE OF OPERATION   19B. C	CONDITION FOR WHICH OF	CAUSE	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY?		
0	1EDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (sabout home, farm, factory, street, office	e.g., in or 21c. WHERE DID bldg.,etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)		
	4	21D TIME (Month) (Day) (Year) (Hour OF INJURY	m. WORK AT WORK	E	JURY OCCUR?			
re PLAII especially		22. I hereby certify that I attended the deceased from 1-15-, 1942, to Dec. 31, 1953that I last saw the deceased alive on 19, and that death occurred at 10.35nM om the causes and on the date stated above.						
WRIT.		23A. SIGNATURE	7/1  2	38. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 12-31-53		
PLEASE W	2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		LOCATION (City, town, or			
AS	110	Burial Jan. 4. 195	Holy Redeemer	Relt	imore, Marylan	3		
LE		ATE RECEIVED BY   REGISTRAR'S SIG		25. FUNERAL DIRECTOR	A Naty lan	DDRESS		
<b>M</b> 99	1	AN 3 - 1954	~ Wollasser, My	Lilly & Zeiler	Inc., 403 S. W	olfe St.		
	3	VS 150	690 9	9				
	1		· · · · · · · · · · · · · · · · · · ·	aroun.	# 1141	10 m. m.		

yew necessity who entropy at all a at a contract of the contract \*

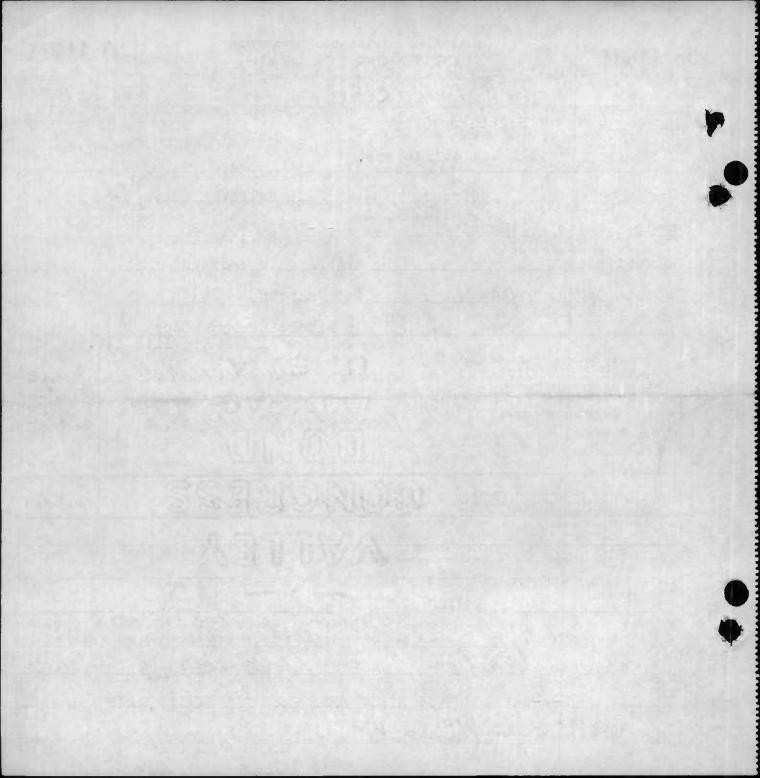
1	K-420				
	53 11624 BIRTH NO.	CERTIFICAT		Registered No.	11624
	1. NAME OF DECEASED KELSEY	GRACE CN	TRS.	OF DEC.	31,1953
1	a. Baltimore City, Maryland Balt  B. FULL NAME OF (If not in hospital or in	imore City	4. USUAL RESIDENCE ( A. STATE  Maryla	B. COUNTY	before admis
l	HOSPITAL OR ESTITUTION	location)	C. CITY OR TOWN	If outside corporate little ts.	write RU and

	NELSE	Y . (	TKACE [1]	KS.	DEATH DE	1. 31, 1933
3. PLACE OF DEATH: A. Baltimore City, Ma	ryland Do	1+imo	no Mitr	4. USUAL RESIDENCE (	Where deceased lived, I	If institution : residence before admission
B. FULL NAME OF (If	not in hospital	or institut	ion, give street address or			berore admission
HOSPITAL OR INSTITUTION	6777	Da11	location)			is, write LU A and giv
M	5111 Belleville Ave.				2	township
			Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in B	altimore	60	vears Mos.	5111 Bellev	ille Avenu	е
5. SEX 6. COLO	R OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	if Under 1 Year   If Under 24 Hours fonths: Days   Hours: Min
Female Whit	te 1	Marri		2-5-1873	80	donths Days Hours win
10A. USUAL OCCUPATIO	N (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
work done during most of working life Housewife	e, even il retired)		INDUSTRY	Annapolis Mar	brain	WHAT COUNTRY
13. FATHER'S NAME		1911		14. MOTHER'S MAIDEN N		
Captain Geor	he Dawi	is		Unknown		V
15. WAS DECEASED EVER IN	N U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, g	give war or dates o	of service)	SECURITY NO.	Albert Henry		ADDRESS
18. 3.3			NONE	of DEATH 5111 B	Mersey	AV CINTERVAL BETWEE
221X	1		CAUSE	OL DEATH STIT D	errearrie .	ONSET AND DEATH
DISEASE OR CO	G TO DEATH	4	Torch	ro-vascular	goidout	21
(This does not mean heart failure, astheni	ia, etc. It means	the diseas	e,	w-ramino	uxuenv	3 days
injury or complicat	ion which can	3 . 3 41				
		used death	.) DUE TO			19 mos
ANTECE	DENT CAUSE			hal a thing	leanis	9 mos.
	DENT CAUSE	S	(B) Ceret	ral arteriore	lerous	4 mos
DISEASES OR CON	DENT CAUSE	S ANY, GIVIN	(B) Cerel	bral arttriou	lesorie	4 mos. unknown
DISEASES OR CON	DENT CAUSE	S ANY, GIVIN	(B) Cerel	bral arttriou	lerorie	9 mos. unknown
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	DENT CAUSE	S ANY, GIVIN	(B) Cerel	bral arttriose	lerorie	9 mos. unknown
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON OTHER SIGNIFICA	DENT CAUSE  IDITIONS, IF / CAUSE (A) S  NDITION LAST	ANY, GIVIN TATING TH T.	(B) Cerell (C) (C)	0		9 mos. unknown
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	DENT CAUSE: IDITIONS, IF A CAUSE (A) S NDITION LAST	ANY, GIVIN TATING TH T.	(B) Cereb	bral arttriore		9 mbs. unknown 5 days
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON UNDERLYING TO THE TRIBUTING TO THE	DENT CAUSE: DITIONS, IF A CAUSE (A) S NDITION LAST  II DEATH, BUT NO R CONDITION C	ANY, GIVIN TATING TH T. IONS CON OT RELATE CAUSING I	(B) Cereb	hopneumona		9 mos. unknown  5 days
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON THE SIGNIFICATION TO THE DISEASE OF THE DISEASE	DENT CAUSE  ADITIONS, IF A CAUSE (A) S NDITION LAST  II DEATH, BUT NO R CONDITION (A)  ATION (A) 191	ANY, GIVING THAT ING	(B) Cerel  (C)	ho pneumona	ż	YES NO
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON THE SIGNIFICATION TO THE DISEASE OF THE DISEASE	DENT CAUSE  DITIONS, IF A CAUSE (A) S NDITION LAST	ANY, GIVIN ITATING THE T.  IONS CON OT RELATE CAUSING 1 B. MAJOR	(B) Cereb  (C) CO	hopneumona RAJON nor 21c, WHERE DID (		YES NO
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING TO THE	DENT CAUSE  DITIONS, IF A CAUSE (A) S NDITION LAST	ANY, GIVIN ITATING THE T.  IONS CON OT RELATE CAUSING 1 B. MAJOR	(B) Cerel  (C) Some  FINDINGS OF OPER	hopneumona RAJON nor 21c, WHERE DID (	ż	YES NO
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON THE SIGNIFICATION TO THE DISEASE OF THE DISEASE	DENT CAUSE: ADITIONS, IF A CAUSE (A) S NDITION LAST  II ANT CONDITI DEATH, BUT NO CONDITION (CONDITION (CONDIT	ANY, GIVIN TATING THE T.  IONS CON OT RELATE CAUSING I' B. MAJOR  21B. PLA about home, f	(B) Cerel  (C) Some  FINDINGS OF OPER	RAFJON  IN OF 21C. WHERE DID (  Stc.) INJURY OCCUR?	If in Baltimore City,	YES NO
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING TO THE DISEASE OF TO THE DISEASE OF	DENT CAUSE: ADITIONS, IF A CAUSE (A) S NDITION LAST  II ANT CONDITI DEATH, BUT NO CONDITION (CONDITION (CONDIT	ANY, GIVING THAT.  IONS CON OT RELATE CAUSING I B. MAJOR  21B. PLA about home, I	(B) Cerel  (C) Some of the property of the pro	nor 21c. WHERE DID (obc.) INJURY OCCUR?	If in Baltimore City,	YES NO
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CON THE SIGNIFICATION TO THE DISEASE OF 19A. DATE OF OPERAL CAUSE OF DEATH CAUSE OF DEATH 21D. TIME (Month) OF INJURY	DENT CAUSE  ADITIONS, IF A CAUSE (A) S CAUSE (A) S NDITION LAST  II  DEATH, BUT NO R CONDITION C ATION 19t S UNDER IBUTING (Day) (Year) (1	IONS COMOT RELATE CAUSING I'B. MAJOR  21B. PLA about home, I	FINDINGS OF OPER  ACE OF INJURY (e. g., i arm, factory, atreet, office bidg.,  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK	n or 21c. WHERE DID ( INJURY OCCUR?  ED 21f. HOW DID INJUR	If in Baltimore City,	YES NO give exact location)
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CONTUNDERLYING TO THE TO THE DISEASE OF 19A. DATE OF OPERAL LYING OR CONTRACT CAUSE OF DEATH  21A. ACCIDENT WAS LYING OR CONTRACT CAUSE OF DEATH  21D. TIME (Month) OF INJURY	DENT CAUSE  ADITIONS, IF A CAUSE (A) S NDITION LAST  II  ANT CONDITION R CONDITION C ATION 191  S UNDER IBUTING (Day) (Year) (1)	IONS CON OT RELATE CAUSING 1 B. MAJOR  21B. PLA about home, 1 M.	FINDINGS OF OPER  ACE OF INJURY (e. g., iarm, factory, atreot, office bldg.,  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  deceased from Proceedings	n or 21c. WHERE DID (obc.) INJURY OCCUR?  ED 21f. HOW DID INJUR  WAREL , 1953, to 1	If in Baltimore City, Y OCCUR?	YES NO give exact location)  That I last saw the
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON UNDERLYING CONTUNDERLYING TO THE TO THE DISEASE OF 19A. DATE OF OPERAL LYING OR CONTRACT CAUSE OF DEATH  21A. ACCIDENT WAS LYING OR CONTRACT CAUSE OF DEATH  21D. TIME (Month) OF INJURY	DENT CAUSE  ADITIONS, IF A CAUSE (A) S NDITION LAST  II  ANT CONDITION R CONDITION C ATION 191  S UNDER IBUTING (Day) (Year) (1)	IONS CON OT RELATE CAUSING 1 B. MAJOR  21B. PLA about home, 1 M.	TO BROWN (C. B.)  FINDINGS OF OPER AT WORK AT WORK AT WORK deceased from 20 and that death occur	n or 21c. WHERE DID ( INJURY OCCUR?  ED 21f. HOW DID INJUR	If in Baltimore City, Y OCCUR?	yes No give exact location)  If that I last saw the date stated above
DISEASES OR CONRISE TO THE ABOVE UNDERLYING CONDITION OF THE DISEASE OF THE DISEA	DENT CAUSE:  ADITIONS, IF A CAUSE (A) S NDITION LAST  II ANT CONDITION R CONDITION C A	IONS CON OT RELATE CAUSING 1 B. MAJOR  21B. PLA about home, 1 M.	TO BROWN (C. B.)  FINDINGS OF OPER AT WORK AT WORK AT WORK deceased from 20 and that death occur	Refjon  n or 21c. WHERE DID (obc.) INJURY OCCUR?  ED 21f. HOW DID INJUR  Larch , 1953, to A rred at 8:15 P.m., from the	If in Baltimore City, Y OCCUR?	yes No give exact location)  If that I last saw the date stated above
DISEASES OR CONRISE TO THE ABOVE UNDERLYING CONTINUED TO THE DISEASE OF TO THE DISEA	DENT CAUSE.  ADITIONS, IF A CAUSE (A) S NDITION LAST  II ANT CONDITION R CONDITION C ATTION 199  SUNDER IBUTING   199  (Day) (Year) (199  (that I attended)	IONS CONOT RELATE CAUSING 1' B. MAJOR  21B. PLA about home, I M. Indeed the 19 53,	FINDINGS OF OPER  ACE OF INJURY (e.g., if arm, factory, street, office bldg.,  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  deceased from 20  and that death occur  and that death occur	ED 21f. HOW DID INJURY OCCUR?  100 110 110 110 110 110 110 110 110 11	If in Baltimore City,  Y OCCUR?  Sec. 31, 195  the causes and on	give exact location)  37 that I last saw the date stated above 12/31/5-3
DISEASES OR CONRISE TO THE ABOVE UNDERLYING CONDITION TO THE DISEASE OF THE ABOVE THE DISEASE OF THE ABOVE	DENT CAUSE.  ADITIONS, IF A CAUSE (A) S NDITION LAST  II ANT CONDITION R CONDITION C ATTION 199  SUNDER IBUTING   199  (Day) (Year) (199  (that I attended)	IONS CON OT RELATE CAUSING I'B. MAJOR  21B. PLA about home, I m. I mded the 19 53,	FINDINGS OF OPER  ACE OF INJURY (e.g., if arm, factory, street, office bldg.,  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  deceased from 20  and that death occur  and that death occur	ED 21f. HOW DID INJUR  LACK 1953 to 10  LACK 1953 to 10	If in Baltimore City,  Y OCCUR?  Sec. 31, 195  the causes and on	yes No give exact location)  That I last saw the date stated above 23c. DATE SIGNED 12/3/53  n. or county)/ (State)

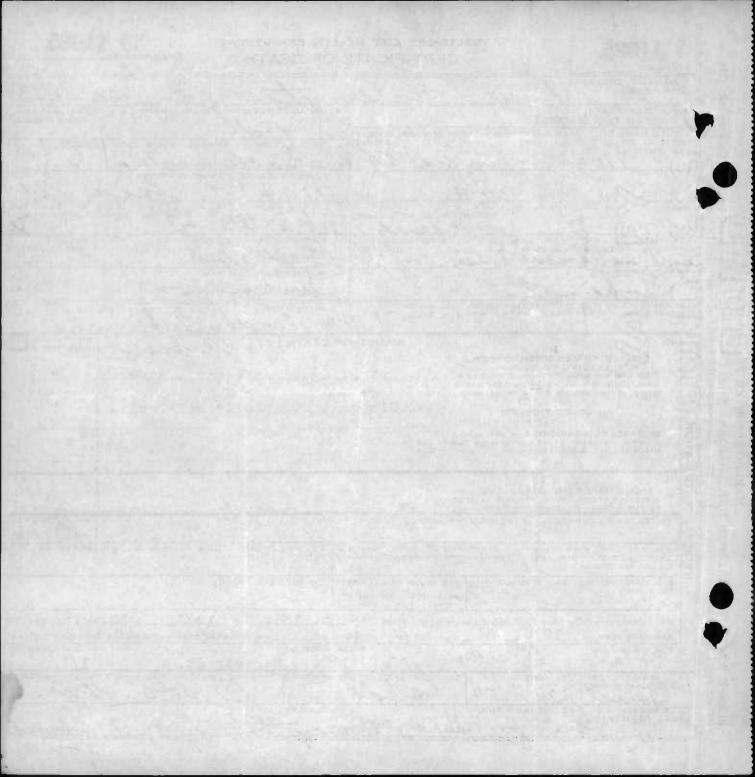
DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

LOCAL REGISTRAR'S SIGNATURE

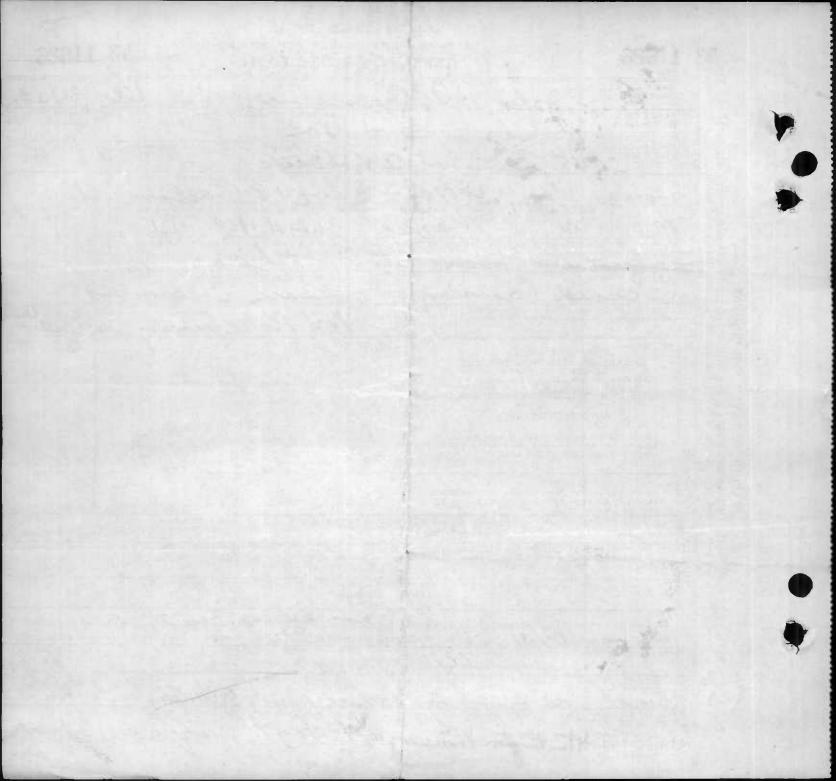
LOCAL REGISTRAR



		r-165				
The	53	3 11625 IRTH NO.	CERTIFICATE C		Registered No.	1625
	1.	NAME OF DECEASED Cype or Print)	is Gubern	atin	2. DATE OF DEATH	. 52/18.
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. S	USUAL RESIDENCE (Who		tution: residence before admission)
illy su	H	FULL NAME OF (If not in hospital or OSPITAL OR ISTITUTION)	institution, give street address or location)	CITY OR TOWN (If or	tside corporate inits, vr	rite RORAL ind give t wnship)
Shorty		1104	Yrs. Mos.	STREET ADDRESS (If ru	ogt, give tocapjon)	11-
d be, and		Length of stay in Baltimore  6. COLOR OR RACE 7.	SMIGLE, MARRIED, WIDOWED, DIVORCED (Specify)	PATE OF BIRTH	9. AGE (In years last birthday) Months	
shoul	Port	DA. USUAL OCCUPATION (Give kind of 10 k done during most of work in gettle, even if retired)	B. KIND OF BUSINESS OR III. E	BIRTHPLACE (State or force	ign country) 12.	CITIZEN OF WHAT COUNTRY?
IDING information of death cl	13	FATHER'S NAME	rean sugo. SK 7	MOTHER'S MAIDEN NAM	TE .	
BINDIN of inforuses of de	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FO.  (If yes, give war or dates of a	RCES? 16. SOCIAL 17. I SECURITY NO.	INFORMANT	A ADDR	ESS .
E H E		18. 420.0	CAUSE OF I	DEATH 1104 S.	Bea St	INTERVAL BETWEEN ONSET AND DEATH
THE THE		DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means t	ring, e.g., (A)Arterio	sclerotic he	art disease	2
R. H. W.		injury or complication which cause  ANTECEDENT CAUSES		ized arterio	sclerosis.	?
RESEI FINK.	TION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING			***************************************
AGIN DIN(	IFICA	11	(C)		•••••••••••••••••••••••••••••••••••••••	
MARGIN I UNFADING Physicians: I	CERT	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED			
174	AL	19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERATIO	N		20. AUTOPSY?
LY, WITE important.	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING ab CAUSE OF DEATH		21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
On the second	2	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	m. WHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY	OCCUR?	
P. PI.		22. I hereby certify that I attend deceased alive on 12/31, 1			2/31 , 1953 th causes and on the d	at I last saw the
WRIT e is		23A OTENATURE De		DDRESS	2:	1/4/54
PLEASE WRI correct age is	710 TIC	4A. BURIAL, CREMA-/24B. DATE ON BENOVAL (Specify)	4 Laudon	CREMATORY 246 LOC	CATION (City, town, or o	Cunty) (State)
PLE	D/ LC	ATE RECEIVED BY REGISTRAR'S S	13/44:	FUNERAL DIRECTOR	the 1111	Amoul
		VS 150		76371	0	200 aus



SUAL RESIDENCE (Where deceased lived, If institution : residence before admission) (If outside o rporate limits, write LURAL and give township) It Under 1 Year It Under 24 Hours 9. AGE (in years) last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRE NTERVAL BETWEEN ONSET AND DEATH IF DPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 22. I hereby certify that Wattended the deceased from hor. 22, 1948, to Dec 34, 1953, that I last saw the 31, 1953, and that death occurred at 2.7.2 Am., from the causes and on the date stated above 23C. DATE SIGNED ADDRESS aus



ed.

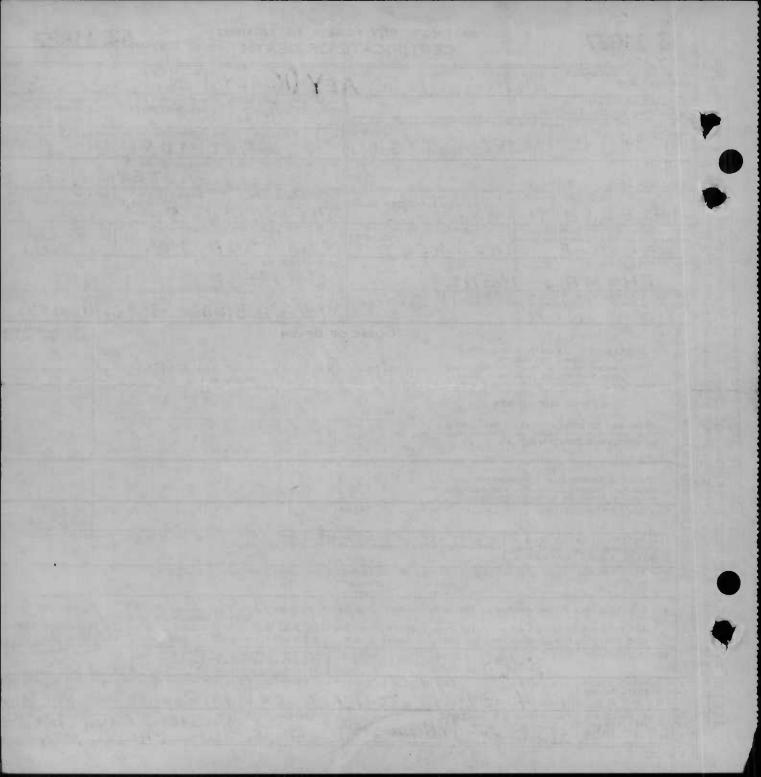
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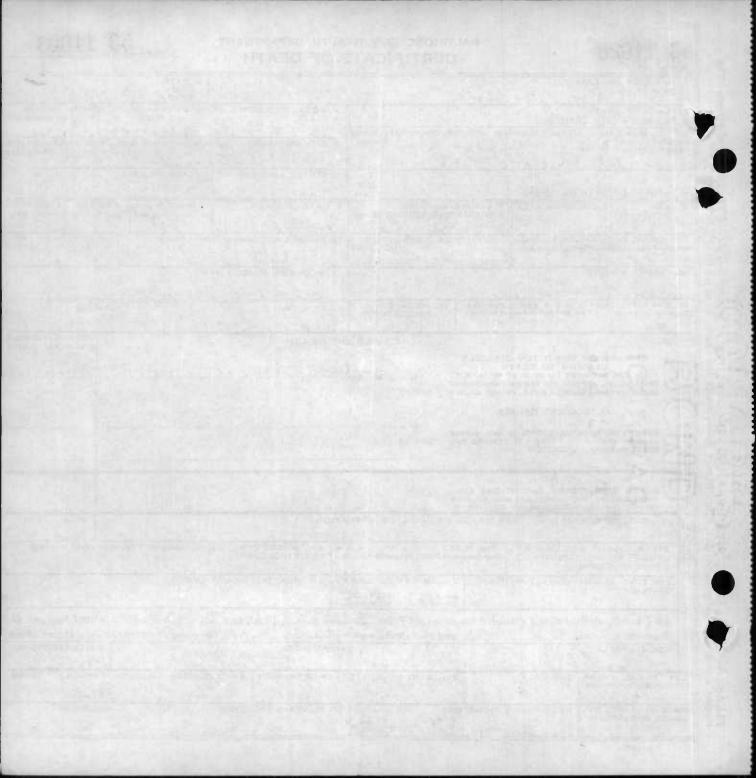
BINDING

RESERVED

PLEASE



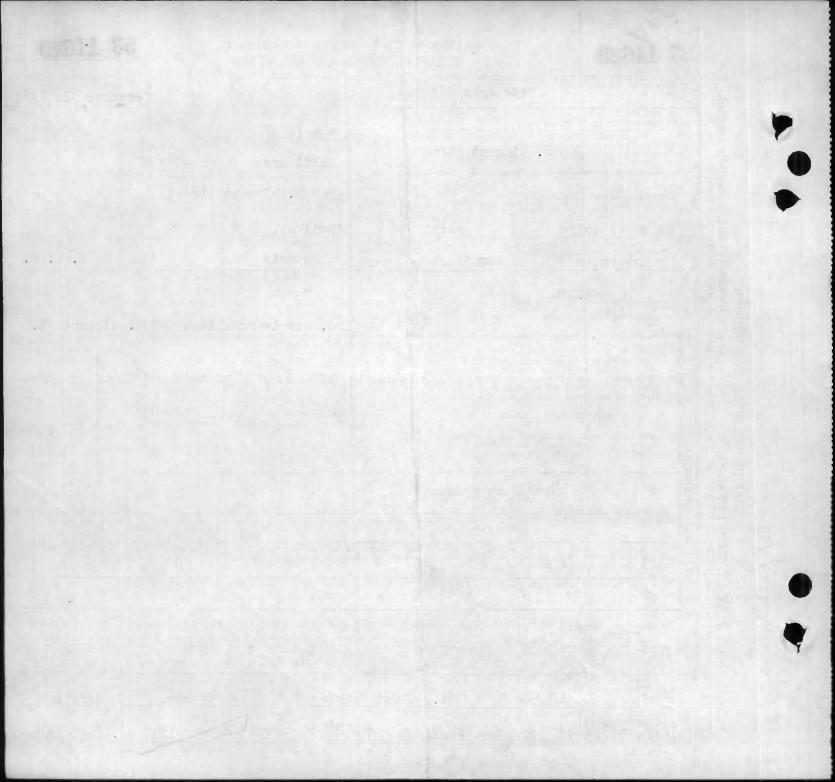
53 11628 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived Af institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RUKAL and give C COUYS 05 pi +2 INSTITUTION atownship) Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthduy) Months Days Hours Min. should clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information death 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO causes NO361 CONA 18. INTERVAL BETWEEN FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH EDICAL Important. 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. , 1953, that I last saw the deceased alive on 12 13 1953, and that death occurred at m., from the causes and on the date stated above. 23A. SJGNATURE 23c. DATE SIGNED 23B\_ADDRESS 24A. BURIAL, CREMA-248 DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

53 11629

	NAME OF D	ECEASED Pet	e Kato				2. DATE	
3.	3. PLACE OF DEATH:  A. Baltimore City, Maryland			4. USUAL RESI	DENCE (W		ecember 31, 19 ed. If institution: resident y before admi	
B. I	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 509 S. Vincent Street				Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL ar tow			
c.	Yrs. Mos. C. Length of stay in Baltimore Days				509 S. Vi			n)
5.	male	6. COLOR OR RACE	WIDOWI	, MARRIED. ED, DIVORCED (Specify) arried	April 15,	1884	69	rs It Under I Year If Under ) Months Days Hours
	done during most	CUPATION (Give kind of of working life, even if retired) enter		of Business OR INDUSTRY ure Company	11. BIRTHPLACE		reign country)	12. CITIZEN OF WHAT COUNTY
13	. FATHER'S	unknown			14. MOTHER'S I	MAIDEN NA	AME	
15 (Yer	. WAS DECEASI , no or unknown)	ED EVER IN U, S. ARMEE (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		len, 509 S	ADDRESS S. Vincent St.
		ANITECEDENT CALL						
RTIFICATION	OTHER SIG	S OR CONDITIONS, II HE ABOVE GAUSE (A) YING CONDITION LA  II SINIFICANT CONDITIONS DEATH BUT NOT	F ANY, GIVING STATING THE AST.	G	rterioch	rotic	c-v.d.	Many g
TIFICATI	OTHER SIG	S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  II SINIFICANT CONDITIONS DEATH BUT NOT IS OF CONDITION CAUSING	F ANY, GIVING THE AST.  CONTRIBUTE TO TO STATE TO STAT	CON FOR WHICH O		IF OPERA CAUSE C	TION WAS RELAT OF DEATH, ENT	ED TO 20. AUTOPS
EDICAL CERTIFICATI	OTHER SIGNOTO THE DISEASE CONTRIL	S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  II SINIFICANT CONDITIONS DEATH BUT NOT IS OF CONDITION CAUSING	F ANY, GIVING THE STATING THE STATE OF CONTRIBUTION OF STATE OF ST	CO CONTRACTOR CONTRACT	PERATION	IF OPERA CAUSE C PART I	TION WAS RELAT F DEATH, ENT OR PART II	ER IN
DICAL CERTIFICATI	OTHER SIGNOTO THE DISEASE OF SIGNOTO THE DISEASE OF SIGNOTO THE SI	S OR CONDITIONS, II HE ABOVE CAUSE (A) III CONDITION LA  III CONDITION CAUSING DEATH BUT NOT IN OF CONDITION CAUSING OF OPERATION IV CONDITION CAUSING OF OPERATION	F ANY, GIVING STATING THE STATE OF THE STATE	CO CONTRACT OF INJURY	PERATION  (e. g., in or 21c. WH in Juny)  ED 21f. HO	IF OPERA CAUSE C PART I ( ERE DID OCCUR?	TION WAS RELAT F DEATH, ENT OR PART II	TED TO 20. AUTOPS
EDICAL CERTIFICATI	OTHER SIGNOTHE DISEASE CONTRIBUTION OF INJURY	SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  SINIFICANT CONDITIONS DEATH BUT NOT IN R CONDITION CAUSING OF OPERATION V  ENT WAS UNDERLY BUTING CAUSE OF FIFY MEDICAL EXAMINE (Month) (Day) (Year)  The control of the contr	FANY, GIVING STATING THE AST.  CONTRIBUTE RELATED TO STATE TO STAT	TING THE  TON FOR WHICH O RMED  PLACE OF INJURY ome, farm, factory, street, office  WHILE AT NOT WHI WORK AT WOR  deceased from  and that death occur	PERATION  (c. g., in or 21c. WH ebidg., etc.) INJURY  EED 21F. HO  RK 19	IF OPERA CAUSE CO PART I CO IERE DID OCCUR?  W DID IN  50, to #	TION WAS RELAT OF DEATH, ENT OR PART II (If in Baltimore  JURY OCCUR?  he causes and	TED TO 20. AUTOPS ER IN YES NO City, give exact location  195-7 that I last so on the date stated of 23c. DATE S
MEDICAL CERTIFICATI	OTHER SIGNOTO THE DISEASE OF 19A. DATE OF 19A. TIME OF INJURY	SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  STREET CONDITION LA  STREET CONDITIONS DEATH BUT NOT IN OF CONDITION CAUSING OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF CAUSE OF OPERATION OF OP	FANY, GIVING STATING THE AST.  CONTRIBUTE RELATED TO STATE TO STAT	TING THE TION FOR WHICH O RMED  PLACE OF INJURY Ome, farm, factory, street, office  1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR  deceased from 1 and that death occur and that of CEMETI  Mt. Olivet Ce	PERATION  (c. g., in or 21c. WH ebidg., etc.)  RED 21F. HO  REC 1, 19  Perred at 1: 30  23B. ADDRES  23B. ADDRES  ERY OR CREMATOR	IF OPERA CAUSE CO PART I CO PERE DID OCCUR?  W DID IN.  50, to 8  M., from t  S. 24  Bal	TION WAS RELAT OF DEATH, ENT OR PART II (If in Baltimore  JURY OCCUR?  he causes and	TED TO 20. AUTOPS  ER IN YES NO  City, give exact location  195-3that I last so on the date stated of town, or county)  Maryland
MEDICAL CERTIFICATI	OTHER SIGNAL  OTHER SIGNAL  OTHER SIGNAL  21A. ACCIDION CONTRIBE  DEATH (NOT  21D. TIME OF INJURY  22. I hereby deceased at 23A. SIGNAL  4A. BURIAL, ON, REMOVAL (1) DURIAL  ATE RECEIVE	SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  STREET CONDITION LA  STREET CONDITIONS DEATH BUT NOT IN OF CONDITION CAUSING OF OPERATION IV  ENT WAS UNDERLY! VENT WAS UNDERLY! OF CAUSE OF FIFY MEDICAL EXAMINE (Month) (Day) (Year)  OF CREMA- CREMA- Specify) 1/4/51;	FANY, GIVING STATING THE AST.  CONTRIBUTE RELATED TO STATE TO STAT	TING THE TION FOR WHICH O RMED  PLACE OF INJURY Ome, farm, factory, street, office  1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR  deceased from 1 and that death occur and that of CEMETI  Mt. Olivet Ce	PERATION  (c. g., in or 21c. WH ebidg., etc.) INJURY  EED 21F. HO  RK 19  Perred at 1: 50  23B. ADDRESS  206  ERY OR CREMATOR	IF OPERA CAUSE CO PART I CO PERE DID OCCUR?  W DID IN.  50, to 8  M., from t  S. 24  Bal	TION WAS RELAT OF DEATH, ENT OR PART II (If in Baltimore  DURY OCCUR?  And causes and  Luor V  OCATION (City,	TED TO 20. AUTOPS  ER IN YES NO  City, give exact location  195-3that I last sa  on the date stated of  town, or county) (3

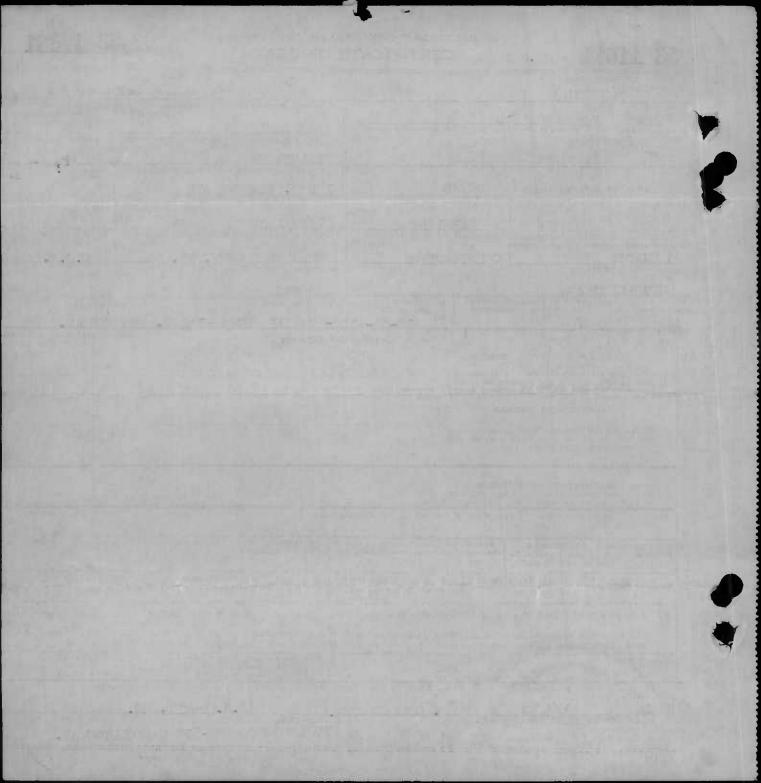


## BALTIMORE CITY HEALTH DEPARTMENT

53 11630

a Di	3 11630 CERTIFICATE OF DEATH Registered No.				
	Type or Print)  ANNA WHITTINGTON  2. DATE OF DEATH 12/29/53				
dd /	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  B. COU				
fully s	HOSPITAL OR NSTITUTION  1421 W. LAFAYETTE AV.  location)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines, write RURAL and give township)   C. CITY OR TOWN (If outside preforate lines)   C. CITY OR TOWN (If outside prefo				
legibl	Yrs. D. STREET ADDRESS (If rural, give location) 1421 LAFAYETTE AVE W.				
uld be	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years last birthday)   Months Days   Hours Min.   43   Months Days   Hours Min.   43   Months Days   Hours Min.   43   Months Days				
clear	OA. USUAL OCCUPATION (Give kind of prk done during most of working life, even if retired)  SEAMSTRESS  DRESSMAKER  10B. KIND OF BUSINESS OR INDUSTRY  WHAT COUNTRY  MRRYLAND  11. BIRTHPLACE (State or foreign country)  WHAT COUNTRY				
death	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME  FRANK LEE NELLTE				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give war or dates of service)  NO NONE  16. SOCIAL SECURITY NO. 17. INFORMANT EUGENE WHITTINGTON 1421 LAFAYETTE AV.				
UNFADING INK. Every is Physicians: please write the	heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
<del></del>	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 1F OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN VESTINATION OF THE PROPERTY OF TH				
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. g., in at OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK				
correct age is especially impo	22. I hereby certify that I attended the deceased from NOV. 3, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 5.30Am., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  1/2/54				
correct age	24. BURIAL, CREMA- TION, REMOVAL (Specify)  BURIAL  1/3/53  ARBITIS MEN'I PK  BALTO COUNTY, MD  ADDRESS  LOCAL REGISTRAS'S SIGNATURE  24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or ounty)  (State)  BALTO COUNTY, MD  ADDRESS  CHARLES 6. COOPER-512 CARROLLTON AV.				
	VS 150 69046 Charles Harris				

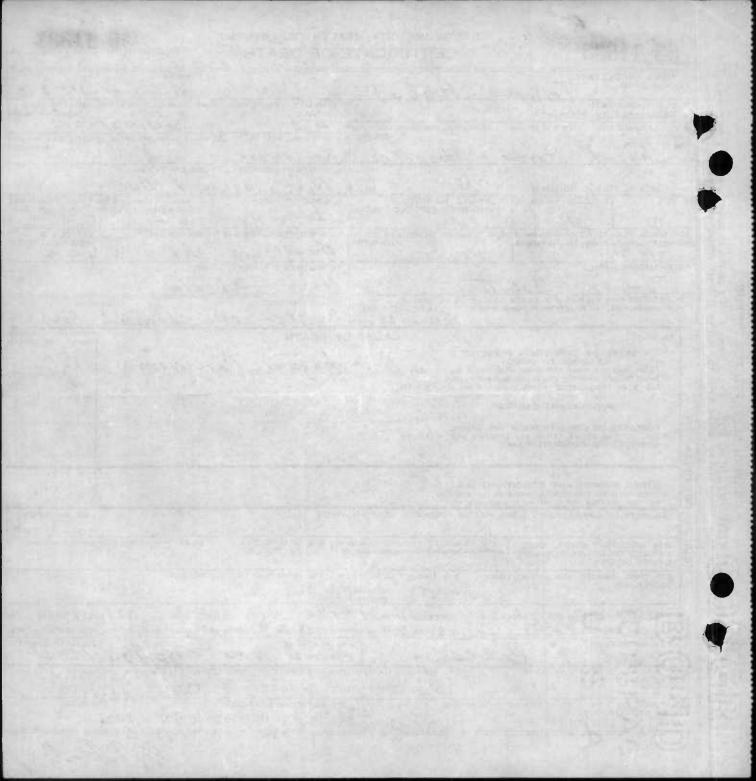
The state of the s THE TREE THE . The first of the contract of 



53-11632 Segistered No. 11632 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH The 1. NAME OF DECEASED 2. DATE (Type or Print) WALTER DEAN December 31, 1953 PAUL DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Baltimore Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Lansdowne St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 300 Mardo Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) White Male should 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) clearly INDUSTRY work domed fing most of working life, even if retired) information s of death cle 13. FATHER S NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes Jo CAUSE OF DEATH ONSET AND DEATH Every item write the cau DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crushed chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXXX ANTECEDENT CAUSES Massive hemothorax RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture of liver UNFADING Physicians: p (0) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Preston and Charles Streets UTING | CAUSE OF DEATH. Street 21F. HOW DID INJURY OCCUR? Auto and auto 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT Dec. collision (driver of taxicab 2:50 A. m. AT WORK Partial Autonsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident X, suicide [], homicide [], undetermined []. WRIT 23B. CHIEF MEDICAL EXAMINER.... 23A, SIGNATURE 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER 31. Dec. MEDICAL INVESTIGATOR PLEASE 24C NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) DATE RECEIVED BY FUNERAL DIRECTOR DDRESS LOCAL REGISTRAR V S 151 js N 8 2.



	-	130	BALTIMORE CITY HE		Registered 30_	11633
The	ВІ	DY NOT TOUCH	CERTIFICATE	E OF DEATH		
		NAME OF DECEASED Type or Print)	AbboTT		2. DATE OF DEATH / 2-	31-53
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	B. COUNTY	before admission
y suj	H	FULL NAME OF (If not in hospital of OSPITAL OR ISTITUTION	or institution, give street address or location)	C. CITY OR TOWN (If or	utside corporate limits, w	riteRVRAL and giv
		Church Itome	+ Hospitaz	BALTINGVE	9-0	6 township
e gio	3	Length of stay in Baltimore	Life Yrs. Mos. Days	1916 Shorwo	and AUE.	
d be	5.	SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	or I Year   If Under 24 Hours S. Days   Hours   Min
VDING information should of death clearly an	10	A. USUAL OCCUPATION (Givekind of 10	OB. KIND OF BUSINESS OR	11. BLRTHPLACE (State or fore	6 Z	CITIZEN OF
on sl	worl	done during most of working life, even if retired)	Sheet Metal	BALTIMORE	MP.	WHAT COUNTRY
NG rmatic death	13	FATHER'S NAME	77	14. MOTHER'S MAIDEN NAM	1E	
of de	15	5. WAS DECEASED EVER IN U. S. ARMED FO		17. INFORMANT	ADD	RESS
BINDIN of infor		(If yes, give war or dates of	SECURITY NO. 2/1-16-6446	DAYSHTEV 1910	Shorwood	Are.
		18. 162 X I DISEASE OR CONDITION DIE		OF DEATH		ONSET AND OFAT
the Cart		(This does not mean the mode of d	lying, e.g., (A) Bima	hosenic Car	CINOMA	1 gr
RESERVED I INK. Every please write th		heart failure, asthenia, etc. It means t injury or complication which caus	the disease, sed death.) OUE TO			
RESER INK.	z	ANTECEDENT CAUSES	(B)			STILL STILL
RE:	JOI L	DISEASES OR CONDITIONS, IF AIR RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	NY, GIVING ATING THE DUE TO			***************************************
GIN OING ans:	FICA	ONDERENTIA CONDITION EAST.	(C)			
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITION				
M UN Phy	CE	TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CA	AUSING IT.	ATION		1 00 111-0-010
WITH rtant.	AL.	19a. DATE OF OPERATION	. MAJOR FINDINGS OF OPER	ATION		YES NO
Y, WITI	<b>JEDIC</b>		21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
O'	~	210. TIME (Month) (Day) (Year) (He OF INJURY	Our) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
PLA		22 I hander with that I the	m.   WORK L AT WORK L	-18 , 1953 to / 2	2- 3/ 1052.	hat I last saw th
A STATE OF THE STA		deceased alive on /2-30, 1	1953 and that death occur			nat I last saw th date stated above
VPV		23A SIGNATURE POR		Thuren Immet	1 2	3c. DATE SIGNED
age v	24 TIO	AA. BERIAL, CREMA- 24B. DATE DN. REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 240. LOG	CATION (City, town, or	
PLEASE WR.	-	parial 1/4/54		er Cemetery Bal		land
PL	Lo	JAN 4 1954	to Williams Ra	Henry Sander	& Sons Inc.	JBRE55
		VS 150		Baltimore	Maryland	1- 1
PENN			3 1	5 4 7	Jed 1.11	anle



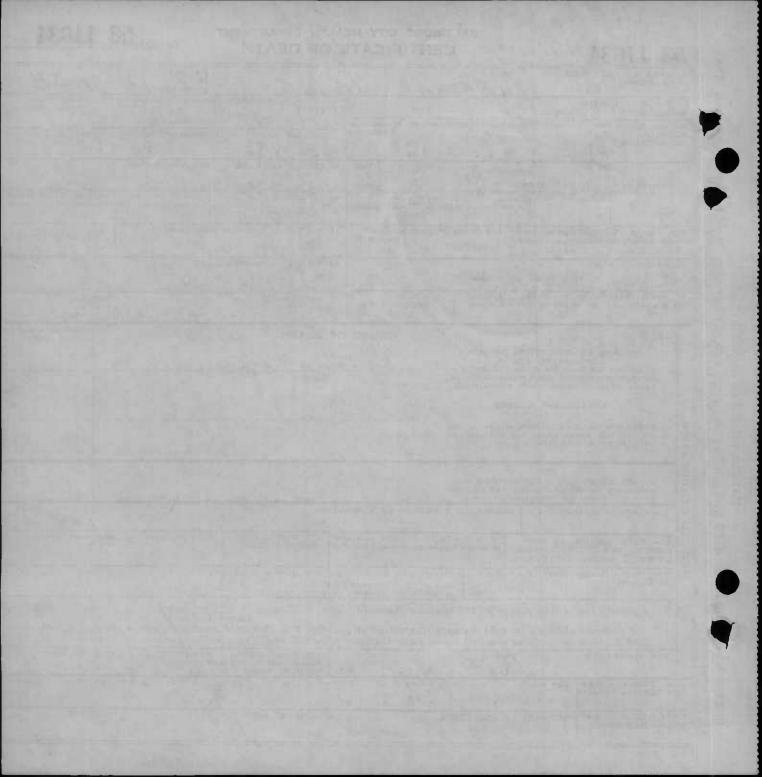
CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, water RELAL and give HOSPITAL OR location) CITY OR TOWN INSTITUTION township) Yrs. ADDRESS (If rural, give location O. STREET Mos. c. Length of stay in Baltimore Days 9. AGE (In years last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGL . MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) an plnods 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF clearly WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY information s of death cle 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unprown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes of INTERVAL BETWEEN CAUSE OF DEATH 18. LL Q ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Ever injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said dectased died on the day stated above, and death in my opinion resulted from: natural causes M, accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . WRID 238. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR PLEASE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify) correct 1-71-2 ina ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR LOCAL REGISTRAR 151 resitman

BINDING

FOR

RESERVED

MARGIN



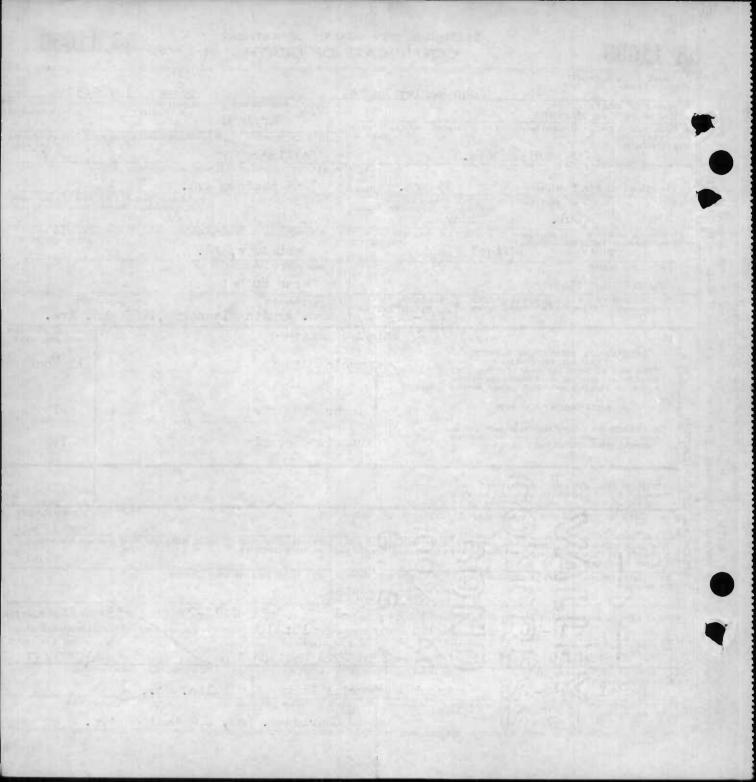
Harriet Johnson Mrs		DEATH Dec	3I, 1953			
3. PLACE OF DEATH: a. Baltimore City, Maryland	A. STATE	SIDENCE (Where deceased lived, In B. COUNTY Balt	f institution : residence before admission)			
HOSPITAL OR INSTITUTION		16-	township)			
71	Yrs. D. STREET AL	DDRESS (If rural, give location)				
WIDOWED, DIV	ORCED (Specify) 8. DATE OF B	IRTH 9. AGE (in years)	if Under 1 Year if Under 24 Hours onths Days Hours Min.			
	SINESS OR INDUSTRY	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
William Offer	Harris	ett arthur				
	CURITY NO.	011. 1 2.	Stricker At			
DINDERLING CONDITION LAST.	(B)		•••••••••••••••••••••••••••••••••••••••			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
19a. DATE OF OPERATION 19B. CONDITION F		CAUSE OF DEATH, ENTER	IN YES NO			
OR CONTRIBUTING CAUSE OF about bome, farm,	factory, street, office bldg., etc.)	Y OCCUR?	, give exact location)			
OF INITIBY	T NOT WHILE					
22. I hereby certify that I attended the decease deceased alive on Dec 31 1853, and the	22. I hereby certify that I attended the deceased from Dec 9 195319, to Dec 31. 19539, that I last saw the deceased alive on Dec 31 1953, and that death occurred at 7:45 Re. From the causes and on the date stated above					
23A. SIGNATURE 2 Esikelli			Dec 3I 1953			
24A. BURIAL, CREMA- 24B. DATE 24C. NA	ME OF CEMETERY OR CREMAT	ORY 24D. LOCATION (City, town	n, or county) (State)			
	St Josephs Hospital  c. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE. MARE WIDOWED, DIV Widower  10A. USUAL OCCUPATION (Give kind of ork done) dying most of working life, eyel if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SEY  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  11.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21C. I hereby certify that I attended the decease deceased alive on Dec 31 1953, and the	St Jesephs Hospital  C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  Temale  Colored  Widowed  10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  TOTAL STATES NAME  13. FATHER S NAME  14. MOTHER'S  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or, diarks of service)  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or, diarks of service)  16. SOCIAL SECURITY NO.  17. INFORMAL SECURITY NO.  18.  CAUSE OF DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or) 21C. V OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or) 21C. V OR CONTRIBUTING CAUSE OF OR CONTRIBUTION CAUSE OF OR CONTRIBUTION CAUSE OF OR CONTRIBUTION CAUSE OF OR CONTRIBUTION CAUSE OF OR CONTRIBUTIO	St Jesephs Hospital  Jesus Hospital  J			

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	ly supplied.	
MARGIN RESERVED FOR BINDING	PLEASE WELL PLA Y, WITH UNFADING INK. Every item of information should be can by supplied. The correct age is exically important. Physicians: please write the causes of death clearly an egib.	
	PLEASE correct ag	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 30 11636

1. (T	NAME OF DECEASED  Stype or Print)  John Wesley Hugh					2. DATE OF DEATH	2/20/53
3.	B. PLACE OF DEATH:  A. Baltimore City, Maryland				4. USUAL RESIDENCE	E (Where deceased lived,	If institution: residence before admission)
B. H	FULL NAME O OSPITAL OR ISTITUTION	OF (If not in hospit		cion, give street address or location)	c. CITY OR TOWN		nits, vrite RURAL and give township)
	7	1205 Madiso	on Ave.	Yrs.	Baltimore D. STREET ADDRESS	(If rural give location)	
		ay in Baltimore		35 yrs. Mos. Days	1205 Madis	on Ave.	
5.	SEX M	6. COLOR OR RACE	7. SINGL WIDOV Wid	E. MARRIED, VED, DIVORCED (Specify) OW		9. AGE (in years last birthday)	
		CUPATION (Give kind of f working life, even if retired) COP		o of business or industry Plant	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME			14. MOTHER'S MAIDE	N NAME	
	Alexand	der Hughes			Sarah Hughe	es	
15 (Ye	NO DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL 217-01-7780	17. INFORMANT Mrs. Arnita	Flannagan,1205	ADDRESS Mad. Ave.
	18. 151	<b>~</b>		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	Con	cinomatosis		12 Months
	heart failu	re, asthenia, etc. It mes complication which	ns the diseas	se,			
		ANTECEDENT CAU					
Z				(B)	cer Stomache		7
ERTIFICATION	DISEASES RISE TO TI UNDERLY	OR CONDITIONS, IN THE ABOVE CAUSE (A)	F ANY, GIVII STATING T AST.	HE DUE TO Art	eriosclerosis		?
CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			
	19A. DATE O	F OPERATION	9B. MAJOF	FINDINGS OF OPER	RATION		20. AUTOPSY?
1 ×	100		Holis				YES NO
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, etreet, office bidg.,		(If in Baltimore City	y, give exact location)
≥		Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I hough	contifu that I at			2-1 162 1	12-29 19	53, that I last saw the
		ive on 12-29	.1053	and that death occu	rred at 10:20 nA fr	om the causes and or	the date stated above.
	23A. SIGNAT		/1022.		23B. ADDRESS	om the caused and or	23c. DATE SIGNED
	225		alu	m. D.	2224 Madison A	ve	12/31/53
2 TI	4A. BURIAL. CON. REMOVAL (S	REMA- 248. DATE pecify)			ERY OR CREMATORY 2		
	ATE RECEIVE	D BY   REGISTRAR	S SIGNAT		25. FUNERAL DIRECT		ADDRESS
L	OCAL REGIST			Youraway his	Charles R. La	w, 802 Madison	Ave.
	VS 150			97	103 A		
				1 /			



1.	3-420	// BALTIMORE CITY HE			2 11627
5	3 <sub>TH</sub> 11637	CERTIFICATE	OF DEATH		11637
(T		nie Bullock		2. DATE OF DEATH	31-53
Α.	Baltimore City, Maryland FULL NAME OF (If not in hosp.	touident Hasp	4. USUAL RESIDEN A. STATE	CE (Where deceased lived, If i B. COUNTY	nstitution : residence before admission
HC	DISPITAL OR PLANE dent	location)	C. CITY OR TOWN	(If outside corporate limits	, write RURAL and giv
3	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRES	S (If rurai, give location)	ut 1
-	SEX 6. COLOR DR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mor	Under I Year H Under 24 Hours hths Days Hours Min
10	DA. USUAL OCCUPATION (Give kinds k done during most of working life, even if retired	1 100 KIND OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	1 surale figurily	14. MOTHER'S MAIL	DEN NAME	
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMI a, no or unknown) (If yes, give war or do	ED FORCES?   16. SOCIAL. SECURITY NO.	17. INFORMANT	Fever	DDRESS
-	18. /L 2 A . I	217-18-3426	SURLIFE B	ullack, 1103 liff	UNTERVAL BETWEE
	DISEASE OR CONDITION LEADING TO DE	DIRECTLY ATH	T. Lack		DNSET AND DEAT
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	ans the disease,	an para		
7	ANTECEDENT CAU	ISES (B) Car	onary (	relusion	
CATIO	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	) STATING THE DUE TO			
ERTIFI	DTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	RELATED TO THE			
AL C	19A. DATE OF OPERATION	198. CONDITION FOR WHICH OF WAS PERFORMED	CA	OPERATION WAS RELATED TO USE OF DEATH, ENTER IN .RT I DR PART II	
EDIC.	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE COEATH (NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROP	about home, farm, factory, street, office	2 1C. WHERE bldg.,etc.) 2 1C. WHERE 1NJURY OCC	DID (If in Baltimore City, CUR?	give exact location)
Σ	21D. TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	E	ID INJURY OCCUR?	
	22. I hereby certify that I a	ttended the deceased from 12	-31-5319,	to 12-31-5319	, that I last saw th
	deceased alive on 17 31 a	A No. 2	38 ADDRESS	from the causes and on the	23c. DATE SIGNED
24 TIO	4A. BURIAL, CREMA 248 DATE ON REMOVAL (Specify	724C. NAME OF CEMETE	1/ - / - / - / - / - / - / - / - / - / -	Z4D. LOCATION (City, town,	or county) (State)
D.	ATE RECEIVED BY REGISTRAL	R'S SIGNATURE	25. FUNERAL DIREC	CTOR PLANTED	ADDRESS
	JAN 4 - 1954	a anstone Mill Constant	Creo- N. La	W OOK / ladisor	TTVC.
11		7208	A		Maria Control

Famore Bullock.

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RUE Md

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RESERVED

VS 151

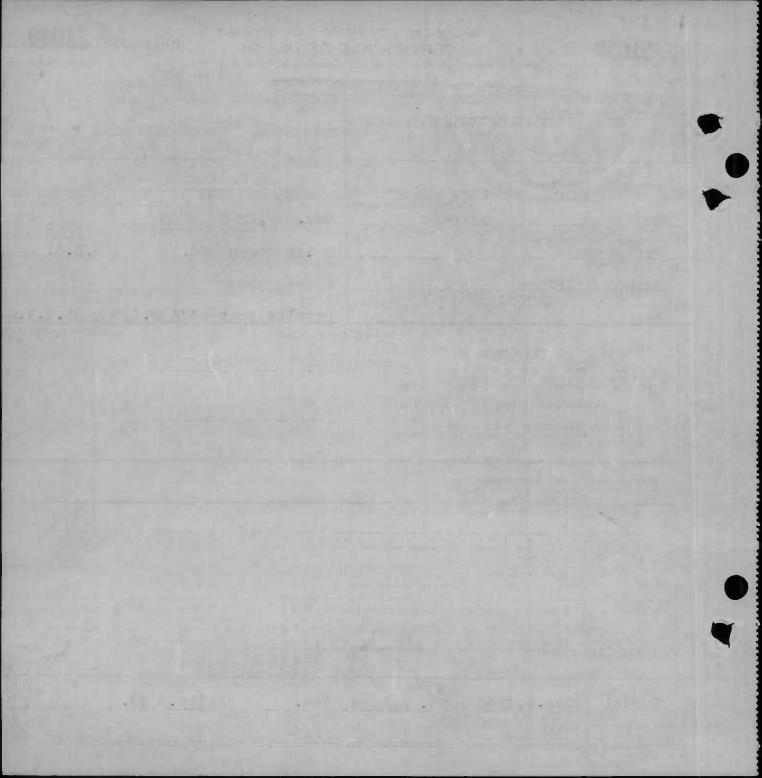
DEATH Dec. 23, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate limits write LUILA and give township) D. STREET ADDRESS (If rural, give location) 1912 Greenmount Avenue 9. AGE (In years if Under I Year li Under 24 Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND OEATH 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry 23c. DATE SIGNED 240. LOCATION Wity, town, or county ADDRESS

5 ...

	The	
	carefully suchlied.	gibly.
MANGIN RESERVED FOR BINDING	. Every item of information should be	correct age is especially important. Physicians: please write the causes of death clearly and gibly.
MANGIN VENE	UNFADING INK.	Physicians: please
	TPLAINLY, WITH	especially important.
	PLEASE WRI	correct age is

js

	EALTH DEPARTMENT E OF DEATH Registered 18 11639
BIRTH NO. DOS	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) RACHEL Hayes WILLIA	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deccased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
Provident Hospital	Baltimore
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 620 W. Lanvale Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years il Under 1 Year la Under 24 Hours In Index Days Hours Months Days Hours Min.
Female   Colored   widowed   10A. USUAL OCCUPATION (Give kind of   10B. KIND OF BUSINESS OR	Nov. 27, 1885   68  11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  Housewife	Reistertown Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Williams	Agnes Clark
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 42.2.1 . CAUSE	Estella Dent 314 W.II6th St. N.Y.C
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	sclerotic cardiovascular disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.  (C)	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY  OF INJURY  NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or	above, held an Inspection & Inquiry thereon and from  Autopsy, Inspection or Inquiry  Inquiry, find that said deceased died on the day stated above,  s X, aecident , suicide , homicide , undetermined .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETION. REMOVAL (Specify) Burial Jan. 4, 1954 Mt. Auburn	ERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Mrs Katu R Villiam, Schweder St.
VS 151	many services



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11640 Registered No.

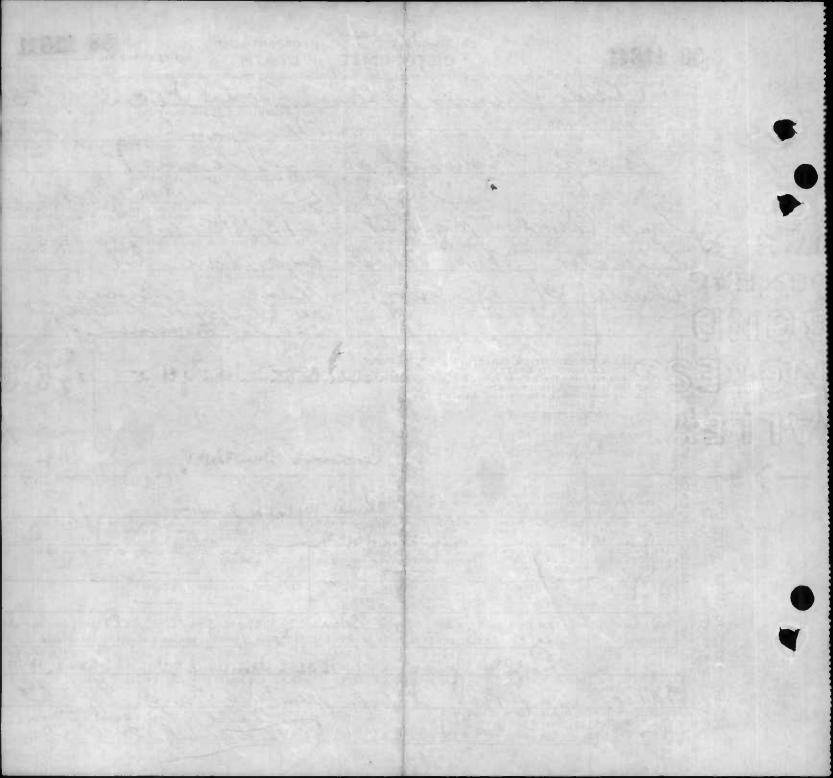
1. NAME OF DECEASED (Type or Print) Margaret W. Schilling	2. DATE OF DEATH Dec. 31, 195
	4. USUAL RESIDENCE (Where deceased lived, If institution: relidence A. STATE B. COUNTY before mission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 608 Cooks Lane	Md.  c. CITY OR TOWN (If outside or portal limits) wrife RUMAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	608 Cooks Lane
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH  9. AGE (In years   H Under 1 Year   II Under 24 Hours   Months Days   Hours   Min.
	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
housewife at home	Maryland
	14. MOTHER'S MAIDEN NAME
Frederick W. Mengers, Sr.	Mary Emma Curley
15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mr. Jacques W. Schilling-608 Cooks Lane
18. / 70 X CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	<i>V</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY (6.)	CAUSE OF DEATH, ENTER IN YES NO L
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. por contributing   CAUSE OF   about home, farm, factory, street, office bld   DEATH (NOTIFY MEDICAL EXAMINER)	g., in or 21C. WHERE DID (If in Baltimore City, give exact location) dg.,etc.) INJURY OCCUR?
21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	
22. I nercoy certify that I attended the acceased from	ed at \$ 2m., from the causes and on the date stated above.
23A. SIGNATURE 1 Consultion M. D. 23	4209 Houd are 1/2/54
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)	Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1/4/54 Loudon Park Co	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25 FUNERAL BIRECTOR CHURCH Y SUL
VS 150	16.9th 17 MA
	Macro. 1, 1000

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY. WITH UNFADING INK. Calcinomatorio

Queso 53 Jam 50 21 53 53 (Cl. L. H. Com the 4169 Hand On 1/2/54

The	3	11641 RTH NO.	CERTIFICAT	E OF DEATH	Registered I	No. IIIOAI
	1. (T	NAME OF DECEASED Skins	er Roben	ism Over	tax Salar	31. 1953
carefully supplied.		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDEN	ICE (Where deceased lived, If	institution: residence before admission)
	B. He	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
fully y.	IN	ISTITUTION 20 C. Mon	ument St	Ball	time!	township)
	c.	Length of stay in Baltimore	Yrs. Mos. Mos.	D. STREET ADDRES	S (Iparal, give location)	ment St.
ng p	5.	SET 6. COLOR OR RACE 7. SING	A. MARRIED (Sector) WED, DIVORCED (Sector) KANNEL	a DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
should	1C work			11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
0	1	aucatur Ku	. schools	Canasa	havie, ky	WHAT COUNTRY
NG rmati death	13	FATHER'S NAME	a saint	14. MOTHER'S MAIL	DEN NAME	
BINDING of information uses of death cl	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	THEORMAN	asince to	Breitin
R BIN] em of in			SECURITY NO.	1500 €	monume	AM.
R em		18. / 70 X I		OF DEATH		ONSET AND DEATH
中中		LEADING TO DEATH (This does not mean the mode of dying, e.	8. (A) Autait	tie Concinomo	Shin of Chis	2 40
Every write t		heart failure, asthonia, ctc. It means the diser injury or complication which caused dear			0	
2		ANTECEDENT CAUSES				
RESERVED INK. Ever please write	017	DISEASES OR CONDITIONS, IF ANY, GIV	(B)			
ING ING	CA	»UNDERLYING CONDITION LAST.	(c)Can	cinma Bu	J(ly)	42 40
MARGIN F UNFADING Physicians: p	FIF	II CONTRIB	NITING .			
MA	CER	OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		me hydletin	t Amuria	<u>*</u>
1	L			. a _   CA	OPERATION WAS RELATED S	IN C
ILY, WITH important.	EDICA	21A. ACCIDENT WAS UNDERLYING 2	B. PLACE OF INJUITY thome, farm, factory, street, office		ART I OR PART II	YES NO U
	MEL	OR CONTRIBUTING   CAUSE OF   about DEATH (NOTIFY MEDICAL EXAMINER)	it nome; farm, factory, street, omce	bidg.,etc.) INJURY OC	CURI	
		21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT   NOT WHI	LET	INJURY OCCUR?	
TE PLAIN		22. I hereby certify that I attended th	e deceased from		to 91 195	Y that I last saw th
_		deceased alive on 10c, 31, 1953	, and that death occi	rred at 11 30 Ann.,	from the causes and on t	he date stated above
RI		23A. SIGNATURE	10 1 11	38. ADDRESS		Van 2 . 19 5 4
<b>西</b> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	2 Ti	4A BURIAL, CREMA 24B, DATE	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	THE RESERVE AND DESCRIPTIONS.
PLEASE correct ag	1	ATE RECEIVED BY REGISTRAT'S SIGNA	+ arautu	25. FUNERAL PIPE	CTOR CONTRACTOR	N. M.S.
PLE,		CAL REGISTRAR	William Ada	Tralle	and Tunel	· ca Ome

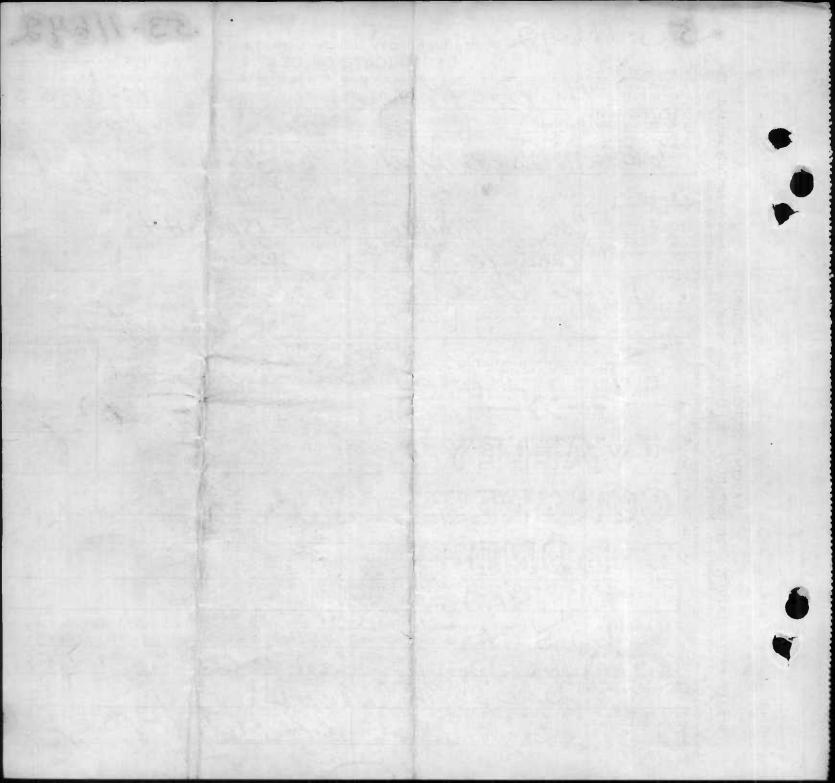
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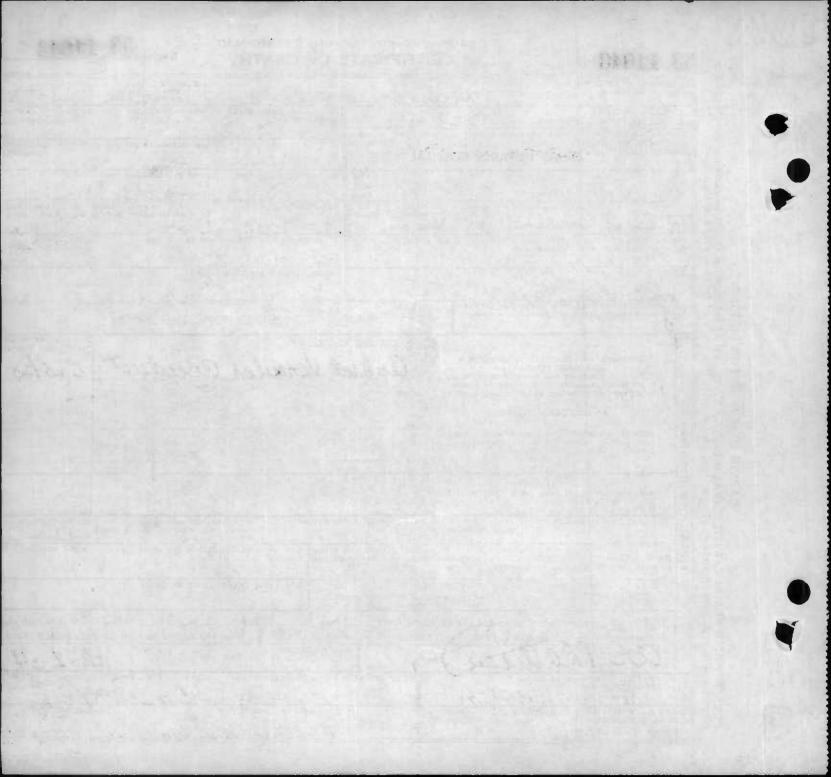
The supplied. e carefully legibly. should be early and l information s of death cle Every item of i RESERVED INK. UNFADING Physicians: p WITH important. PLAINLY, especially WRITE S PLEASE

53-11642 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASE 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate lights, write RURAL and give ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) If Under 1 Year 6. COLOR OF RACE AGE (In years Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) KIND OF BUSINESS OR e or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY usuum 13. FATHERS NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFORMED CAUSE OF OEATH, ENTER IN PART I OR PART II 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 12-3 / 1953 to 12-8/ , 19 Sthat I last saw the deceased alive on 1 131 234. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED age NAME OF CEMETERY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) correct

PONER LOIRECT ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



	1	2-500			
The	53	3 11643 BALTIMORE CITY HE CERTIFICATI		TH Registe	53, 11643
		NAME OF DECEASED Type or Print)	P	2. DATE OF DEATH	Dec 311953
pplie		PLACE OF DEATH: Baltimore City, Maryland	A. STATE		ved. If institution : residence before admission
carefully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  JOHNS HOPKINS HOSPITAL	c. CITY OR TOV	VN (If outside corporat	te limits, write RURAL and giv
carefu	3	Yrs, Mos.	D. STREET ADD	DRESS (If runal, give locat	ion)
	-	Length of stay in Baltimore  Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIR		ears       Under   Year
should be	10	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	9 - 19 - 11. BIRTHPLACE	1889 64 E (State or foreign country)	12 CITIZEN OF
ion sl		INDUSTRY  FATHER'S NAME	Torvso	m Mol	WHAT COUNTRY
NDING information s of death cle		Louis & Davis	14. MOTHER'S I	& Cook	
BINDING of inform uses of dea	15 (Yo	5. WAS DECEASED FYER IN U, S. ARMED FORCES?  (If yos, give war or dates of service)  SECURITY NO.	17. INFORMANT	HNS HOPKINS HOS	ADDRESS
RESERVED FOR BIN INK. Every item of please write the causes	Z			las Accide	onset and deat 8 coho
r la	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
MARGIN UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-		
hrl .	AL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	IF OPERATION WAS RELA CAUSE OF DEATH, EN PART I OR PART II	TER IN YES NO
ILY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or bldg.,etc.) 21C. WH INJURY	HERE DID (If in Baltimore OCCUR?	e City, give exact location)
HA		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	LE	W DID INJURY OCCUR?	
E PI speci		deceased glive an 12 1 195 and that death occur			, 1953that I last saw the don the date stated abov
WRIT e is e				PKINS HOSPITAL	12 Z S G
PLEASE WRITE PLA	200	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) Sun 6, 1954 Pleasant	est Cem	240. LOCATION (Gits	Mol.
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL D	DIRECTOR	ADDRESS 22



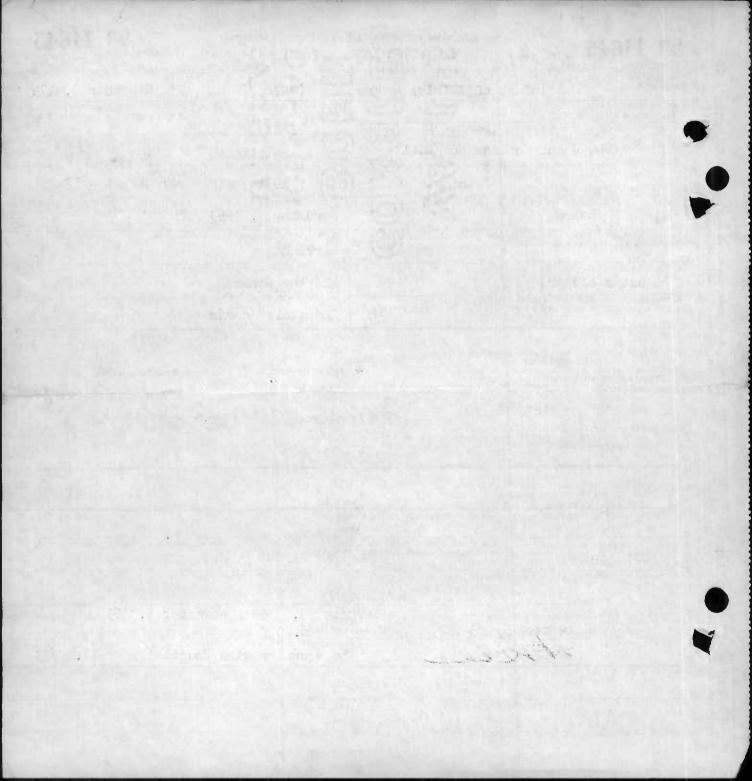
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11644 Registered No.

11	RTH NO.	CERTIFICATI	E OF DEA	H Registered No	,
	NAME OF DECEASED 2. DATE ,				
(Ty	ma on Duintl	, ,		OF 12-/-	1/-3
		oward	I) A HOHAL DEG	DEATH DEATH IDENCE (Where deceased lived of In	1 10 3
	PLACE OF DEATH: Baltimore City, Maryland	BALtimore	A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital or institution, give street address or			A	17
HO	SPITAL OR	location)	C. CITY OR TO	WN (If outside corporate imits)	
INS	1205 Ashlan	1 1	R	1 80	township)
	1203 7755120	L Ave,	1046	PRESS (If rural, give location)	
1	0	Mos.			
	Length of stay in Baltimore	LIFE Days	1	Addland Aur	
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIF	RTH 9. AGE (In years   III)	nder I Year   H Under 24 Hours ths: Days   Hours   Min.
	F1 (0/	Wilbow Ed. Biron Call (Spaces)	12	896 57	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR			11. BIRTHPLAC	E (State or foreign country)	2. CITIZEN OF
work	done during most of working life, even if retired)	INDUSTRY	WHAT COUNTRY?		
	Housework		13aL+1		0.75
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	
	Oliver Char	-6471	ANNA BILL Chambers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL					DRESS
(Yes	no or unknown) (If yes, give war or date	s of service) SECURITY NO.	17. INFORMANT	Walker Andland	
	NO	No		1205 ANA land	Ave
	18. 199,9	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				
	OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Malnu frifien			6 MOS	
	heart failure, asthenia, etc. It means the disease.				
	injury or complication which c	caused death.) DUE TO			
	ANTECEDENT CAUSES  (B) CARCINOMA FOSIS				- /
Z					2 + yes
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
4	UNDERLYING CONDITION LA	AST.			000
0		(0)			
ERTIFI					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
핑	OISEASE OR CONDITION CAUSING	IT.			
	19A. DATE OF OPERATION	9B. CONDITION FOR WHICH OF VAS PERFORMED	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN	
CAL	, , , , , , , , , , , , , , , , , , ,	VAS PERFORMED		PART I OR PART II	YES NO
	21A. ACCIDENT WAS UNDERLY	ING   218. PLACE OF INJURY		HERE DID (If in Baltimore City, g	rive exact location)
EDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE		bldg., etc.) INJURY	OCCUR?	
Ž.					
	21D. TIME (Month) (Day) (Year) OF INJURY			W DID INJURY OCCUR?	
	m. WORK AT WORK				
	12/30 10/31 12/31 12/31				
	22. I hereby certify that I attended the deceased from 12/30 1953, to 12/31, 1953 that I last saw the deceased alive on 12/30, 1953, and that death occurred at 2/5, m., from the causes and on the date stated above 23A. AIGNATURE 23B. ADDRESS 23C. DATE SIGNED				
	deceased alive on 12/30, 1953, and that death occurred at 2 p. m., from the causes and on the date stated				
		1	23B. ADDRESS		23c. DATE SIGNED
	23A. SIGNATURE	17 1	,		
	J. reston	Krant M.O.	601 N	. CGEROILTON	12/31/53
24	J. reston		601 N	RY 240. LOCATION (City, town, o	/2/3//53 or county) / (Atate)
24 TIC	J. reston	Krant M.O.	601 N	RY 240. LOCATION (City, town, o	
L	A. BORIAL, CREMA- 24B. DATE M. REMOVAL (Specify)	SE 24C. NAME OF CEMETE	GO / N ERY OR CREMATO	Brottly	
07	A. BORIAL, CREMA- 24B. DATE M. REMOVAL (Specify)	Krant M.O.	601 N	Brottly	

RC 1-1150

(7	NAME OF Drype or Print)	Infa	nt of Shirley Leona	DEATH	November 5, 1953
		City, Maryland		4. USUAL RESIDENCE (Where deceased A. STATE Maryland B. COL	l lived. If institution: residence DNTY before admission
	FULL NAME OSPITAL OR NSTITUTION		tal or institution, give street address locati pkins Hospital	or	rate limits, write RURAL and give township
I film.		tay in Baltimore	Infant Mo	s. 1031 North Carey	Street - 17
]]	Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	November 5, 1953 9. AGE (In last birth	years
		CUPATION (Give kind of of working life, even if retired)		RY Maryland	
		s Leonard		Shirley Coombs	
(Ye	5. WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT Hospital Records	ADDRESS
RTIFICATION	heart failu	not mean the mode ore, asthenia, etc. It mea	TH of dying, e.g., ans the disease,	lusia * suma	Levis
ERTI	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING	not mean the mode	ITIONS CON-	Euria * suma Genual abruptio p	lacents.
AL CERTI	DISEASE: RISE TO TUNDERLY  OTHER STRIBUTING TO THE D	not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA I I I I I I I I I I I I I I I I I I	ITIONS CON-		Lalenoz
L CERTI	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING TO THE D  19A. DATE C	not mean the mode ore, asthenia, etc. It mes complication which of the complication which of the complication which of the complication of the com	ITIONS CON- NOT RELATED I CAUSING IT.	ERATION  s., in or   21c. WHERE DID (If in Baltimo)	20. AUTOPSY?
DICAL CERTI	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING TO THE D  19A. DATE C	not mean the mode ore, asthenia, etc. It mes complication which of the complication which of the complication which of the complication of the com	ITIONS CON- NOT RELATED I CAUSING IT.  19B. MAJOR FINDINGS OF OF  21B. PLACE OF INJURY (e. about home, farm, factory, street, office hkg	S., in or 21c. WHERE DID (If in Baltimo: INJURY OCCUR?  RRED 21f. HOW DID INJURY OCCUR?	20. AUTOPSY? YES .NO
DICAL CERTI	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY  22. I hereb deceased as	In the mode of re, asthenia, etc. It mes complication which of the complication which of the complication which of the condition of the condit	ITIONS CON- NOT RELATED I CAUSING IT.  19B. MAJOR FINDINGS OF OF  21B. PLACE OF INJURY (e. about home, farm, factory, street, office hk  (Hour) 21E. INJURY OCCU  WHILE AT NOT WH AT WORK  tended the decreased from NO	eration  2. (in or large of local sector)   21c. Where DID (If in Baltimor INJURY OCCUR?   21f. How DID INJURY OCCUR?   12   12   12   12   12   13   14   14   15   15   15   15   15   15	20. AUTOPSY? YES NO PRODUCTION
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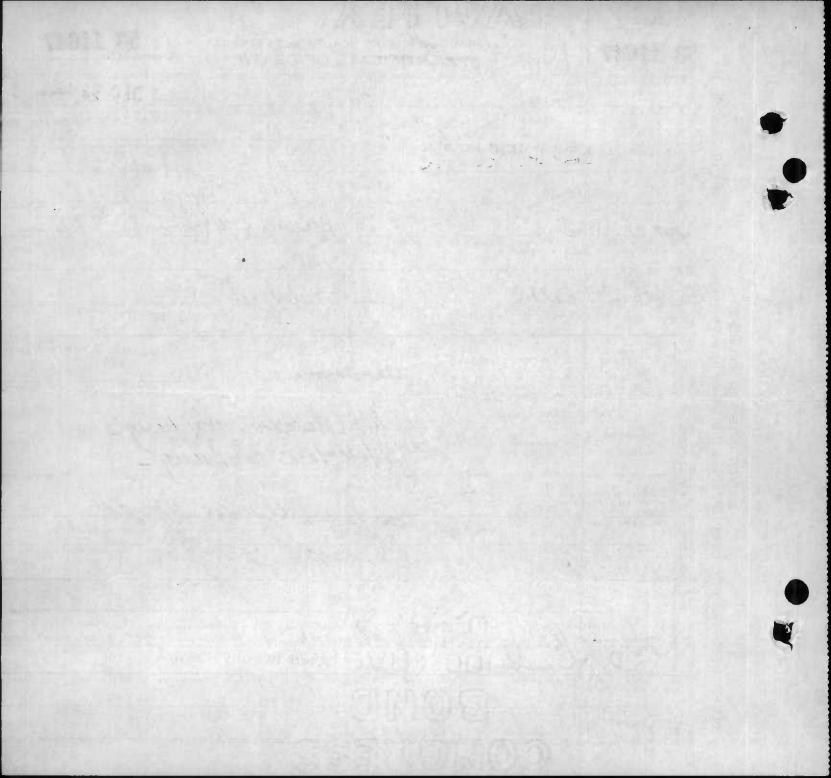
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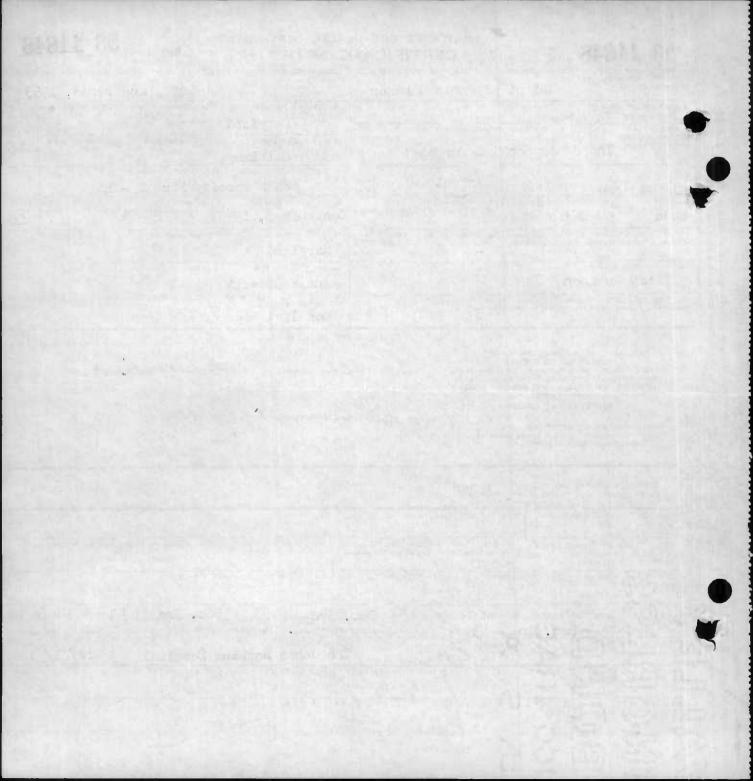
	NAME OF E	Ва	aby Girl Gibson				2. DATE OF DEATH DEC		
Α.		City, Maryland			4. USUAL RES		Where deceased live B. COUNT		tution : res before a
H	FULL NAME OSPITAL OR NSTITUTION		or of mosprears	address or iocation)	c. CITY OR TO	Marylan OWN (If Baltime	outside corporate	lifaits, wr	ite RUKAI
	Length of s	stay in Baltimore	life	Yrs. Mos. Days		1034 N	rural, give iocatio Stockton	St.	#17
5.	Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE! Single	D (Specify)	ec. 24, 1		9. AGE (ln yea last birthday	Months	Days Hou
10 work	DA. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINES	S OR IDUSTRY	11. BIRTHPLAC	E (State or for Mary las		12.	CITIZEN WHAT CO
13	3. FATHER'S	NAME			14. MOTHER'S	MAIDEN N.	AME		
-	E Was brong	Roland Gibs				Edith Ta	aylor		
(Ye	os, no or unknown)	(1f yes, give war or dates	o FORCES? 16. SOCIAL SECURIT	TY NO.	B. C. H.		astern Ave	ADDR	
	(This does	SE OR CONDITION I LEADING TO DEAT s not mean the mode or ure, asthenia, etc. It mean complication which co	DIRECTLY I'H f dying, e.g., ns the disease, aused death.)  DUE TO		of DEATH	rnia			INTERVAL ONSET AN
ATION	DISEASE	LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mean	DIRECTLY I'H f dying, e.g., ns the disease, aused death.)  ES  F ANY, GIVING STATING THE  DIRECTLY D  (A)  (A)  (B)  (B)  (B)  (B)  (C)  (B)  (D)  (C)  (D)  (D)  (D)  (D)  (D)  (D	iaphra ongeni	gmatic he tal Heart	Diseas	8		
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MEDICAL CERTIFICATION	DISEASE (This doe heart fails in jury or DISEASE RISE TO THE SIT TO THE DISEASE (19A. DATE (19A. DA	LEADING TO DEAT s not mean the mode or ure, asthenia, etc. It mean complication which complication which complication which complications, in the ABOVE CAUSE (A) YING CONDITIONS, IT GRIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING OF OPERATION IS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE (Month) (Day) (Year)	DIRECTLY I'H If dying, e. g., ns the disease, aused death.)  ES  FANY, GIVING STATING THE STATING THE OUE TO  CONTRIBUTING RELATED TO THE IT.  9B. CONDITION FOR WI VAS PERFORMED  NG 21B. PLACE OF IN ubout home, farm, factory, R)	ongeni ubdura rematu HICH OPE	tal Heart I hematom rity  ERATION  E., in or 21c. W Idg., etc.) INJUR	IF OPERA CAUSE C PART 1 CHERE DID Y OCCUR?	TION WAS RELAT OF DEATH, ENT OR PART II	TED TO	20. AUTO
EDICAL CERTIFICATION	DISEASE (This does heart fails in jury or DISEASE RISE TO TUNDERL.  OTHER SITTO THE DISEASE (19A. DATE (19A. DATE (19A. DEATH (NO))  21A. ACCID OR CONTRI DEATH (NO)  21D TIME OF INJURY  22. I herel	LEADING TO DEAT S not mean the mode of ure, asthenia, etc. It mean complication which complication which complication which complication which cause (A) and the complication of the above cause (A) ying conditions death but not a per condition causing of operation (A) which was underly but made underly but made and the complete cause of the cause of the complete cause of the cause of t	CONTRIBUTING RELATED TO THE  ST.  CONTRIBUTING RELATED TO THE  ST.  CONDITION FOR WITH  AS PERFORMED  R)  CHOUR)  21B. PLACE OF IN  whole farm, factory,  R)  (Hour)  21E. INJURY CONTRIBUTION OF THE  while ATT	ongeni ubdura rematu HICH OPE NJURY (a. street,office bl ear work om 12.	tal Heart I hematom rity  ERATION  E., in or 21c. W Ids., etc.) INJUR  21f. Ho	IF OPERA CAUSE CAUSE OF PART 1 OF OCCUR?	TION WAS RELATOF DEATH, ENTOR PART II (If in Baltimore) JURY OCCUR?	TED TO ER IN City, give	20. AUTO

THE STATE OF . The real of the The it something it and a manifest to the second of the contract of

53 11647 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEC (Type or Print) OF 0 supplied DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland Energency Room

B. FULL NAME OF (If not in hospital or institution give street address or location) before admission) location) HOSPITAL OR JOHNS HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give e carefully legibly. INSTITUTION townshlp) D. STREET ABORESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days should be AGE (In years | If Under I Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Inew born les men information shous of death clearly 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) ITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15 (AS DECEASED EVER IN U. S. AT MED FORCES:
(Yes, no or unknown) (If yes, give war of dates of service) \$6. SOCIAL 17. INFORMANT JOHNS HOPKINS HOSPITATORESS SECURITY NO em of i INTERVAL BETWEEN CAUSE OF DEATH 18. item 62.0 ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dring, F. E., heart failure, asthring, etc. It means the distance injury or complication which caused death.) Every ite RESERVED DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ìi DISEASE OR CONDITION CAUSING IT. O IF OPERATION WAS RELATED TO | 20. AUTOPSY 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN portant. PART I OR PART II OR CONTRIBUTING CAUSE OF DEATH INOTIFY MEDICAL EXAMINER) B PLACE ON INJURY (e.g., in of 2.c. WHERE DID (If In Baltimore City, give exact location) PLAINLY. 210 TIME (Month) (Year) (Hour) 21F HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE! WORK AT WORK - 28 - 1953. and that Cutif Scourred at 600 Am that I last saw the 22. I hereby certify that I attended the deceased from -, to. WRITE decraced alive on Am., from the causes and on the date stated above. JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED SIGNATURE 2 age 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OF CREMATORY (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE PLEASE correct DATE RECEIVED BY 25. FÜNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR TENLALUS. MA TON VS 150





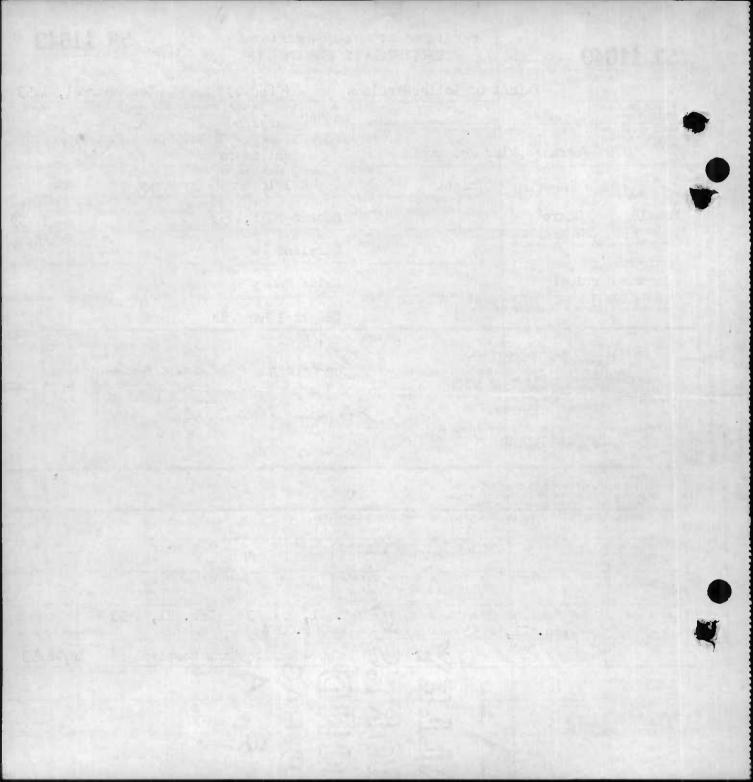
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Infant of Lelia Harrison (385058) DEATH December 21, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION The Johns Hopkins Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1216 North Broadway Infant . Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) December 21,1953 Female Negro IOA. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerome Harrison Lelia Moody BINDIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Hospital Records Jo Every item 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ateur & LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE CATI UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) . RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILF AT AT WORK WORK 22. I hereby certify that I attended the deceased from Dec. 21 , 19 53 to Dec. 21., 19 53 that I last saw the deceased alive on Dec 22 19 53 and that death occurred at 9.00 h., from the causes and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED The Johns Hopkins Hospital 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAB

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hownship)

If Under 24 Hours

NO



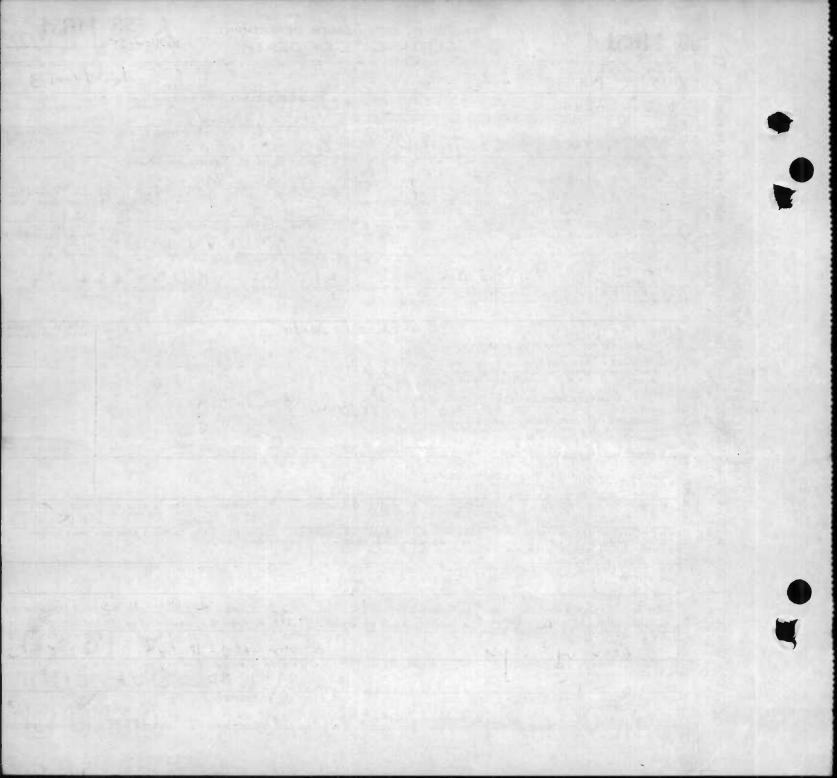
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11650 CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) DEATH / lied. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR ADWN INSTITUTION township) (If rural, D. STREET ADDRESS Mrs. Mos. c. Length of stay in Baltimore Days If Under 24 Hours 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 1 Year 6. COLOR OR RACE AGE (In years last birthday) Months: Days Hours: Min. 5 Uwor ce a 108. KIND OF BUSINESS OR 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work done suring most of working life, even if retired) INDUSTR' WHAT COUNTR Suranan la a information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN J. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. em of in INTERVAL BETWEEN CAUSE DEATH 18. ONSET AND DEATH Every item write the cau DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDI 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes & accident . suicide ., homicide ., undetermined . WRIT 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER.... 23c. DATE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR age PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE correct way Burial ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 151

BINDING

FOR

je V	3	116512 - 3145/ CERTIFICATI	EALTH DEPARTMENT E OF DEATH	53 Registered No.	11651
d. The	1.	NAME OF DECEASED (Type or Print) DA WY AVERS		2. DATE OF DEATH	-14-53
carefully supplied.	B.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)			before admission)
arefull.	4	NSTITUTION Sua Hospital  Yrs.  Mos.	D. STREET ADDRESS (IF	RE 26 [rural, give location)	- O Swinship)
	-	Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Il years   Wind   Month	der I Year   If Under 24 Hours as Days Hours Min.
	10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY
NDING information shou s of death clearly		Thomas Aylys	14. MOTHER'S MAIDEN N AEMMMA	CUNNING	HANY
R BINDING em of inform causes of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
RESERVED FOR INK. Every item please write the cal	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	un at ur, t	7	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	CERTIFIC	il OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
hed	DICAL C	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE (	ATION WAS RELATED TO OF DEATH. ENTER IN OR PART II	20. AUTOPSY7
	MEDIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY ( OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	bldg.,etc.) INJURY OCCUR?	(If in Baltimore City, given	ve exact location)
PLAINLY,		OF INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OF INJURY OCCURRED INJURY ON THE INJURY OCCURRED INJURY OF INJURY OCCURRED INJURY OF INJ	LE C		
RITE is esp		deceased alive on 12-14, 1953, and that death occur	rred at 7.30 a.m., from to 23B. ADDRESS	the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
PLEASE W	2. TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETE	RY OR CREMATORY 240. L	Ocation (City, town, or	county) (State)
PLE	DL	ATE RECEIVED BY COLOR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ton Williams	DDRESS
	M	VS 150	6 1 6 0		

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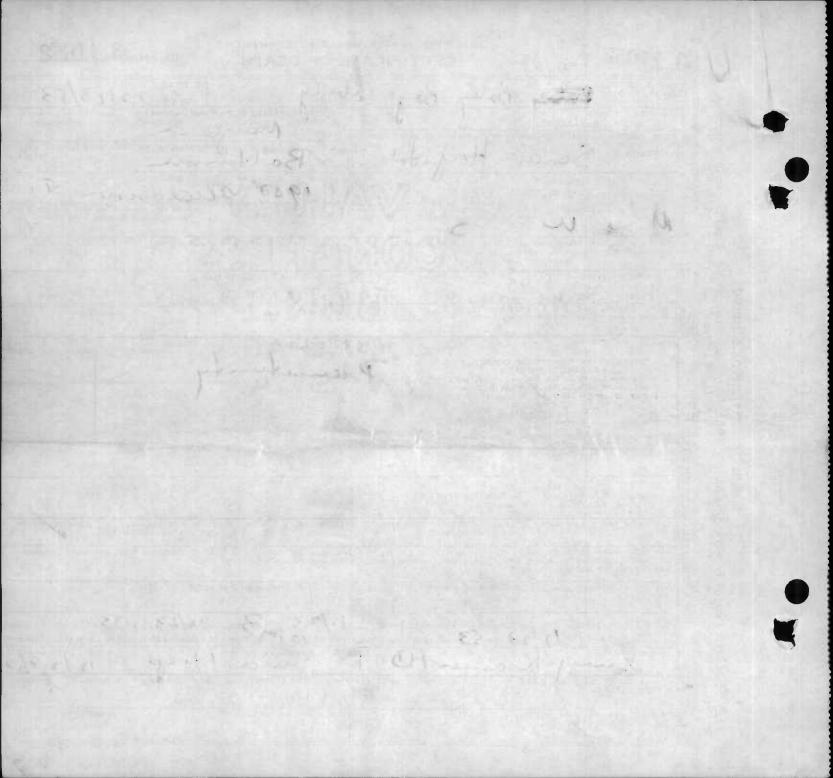
9	53	BALTIMORE CITY HE  11656 3-3145-1 CERTIFICATI		Registered No.	11652
d. The		NAME OF DECEASED Boley Boy Co	bely	2. DATE OF DEATH 12/2	3/53
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived, If ins B. COUNTY	titution: residence before admission)
ully s	H	OSPITAL OR OSPITAL	C. CITY OR TOWN OF	outside corporate limits, w	rite RURAL and give township)
carefu	c.	Yrs.  Mos. Days	D. STREET ADDRESS (If	rural, give location)	~ STI
uld be	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		By Days Hours Min.
n shou clearly	10 work	A. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY		
atio	13	Ray Hayley Coberly	AME AME		
BINDING of informuses of dea	15 (Yes	s. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT	ADD	RESS
RVED FOR Every item write the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH	~	INTERVAL BETWEEN ONSET AND DEATH
ING INK.	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
MARGIN UNFADING Physicians:	CERTIFI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
н.	CAL	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OF WAS PERFORMED   21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY (	CAUSE O	TION WAS RELATED TO F DEATH. ENTER IN OR PART II (If in Baltimore City, give	20. AUTOPSY?
0	MEDI	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?		c exact location)
7.		OF INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OF INJURY OCCURRED INJURY OCCURRED IN INJURY OCCURRED IN INJURY OCCURRED INJURY OCCU	E	URY OCCUR?	
E Pl		22. I hereby certify that I attended the deceased from deceased alive on 123, 1953 and that death occur	11/23, 19 Sto	1423, 1933 he causes and on the	hat I last saw the date stated above.
WRIT			3B. ADDRESS		12/2 VIS
PLEASE WRITE PLAII	24 TIC	4A. BURIAL, CREMA- 24). DATE 24C. NAME OF CEMETE	FINAL THIN DEC.30	OCATION (City, town, or	county) (State)
PLEAS) correct	D/	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	18. 62 - ^	DDRESS

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DATE RECEIVED BY

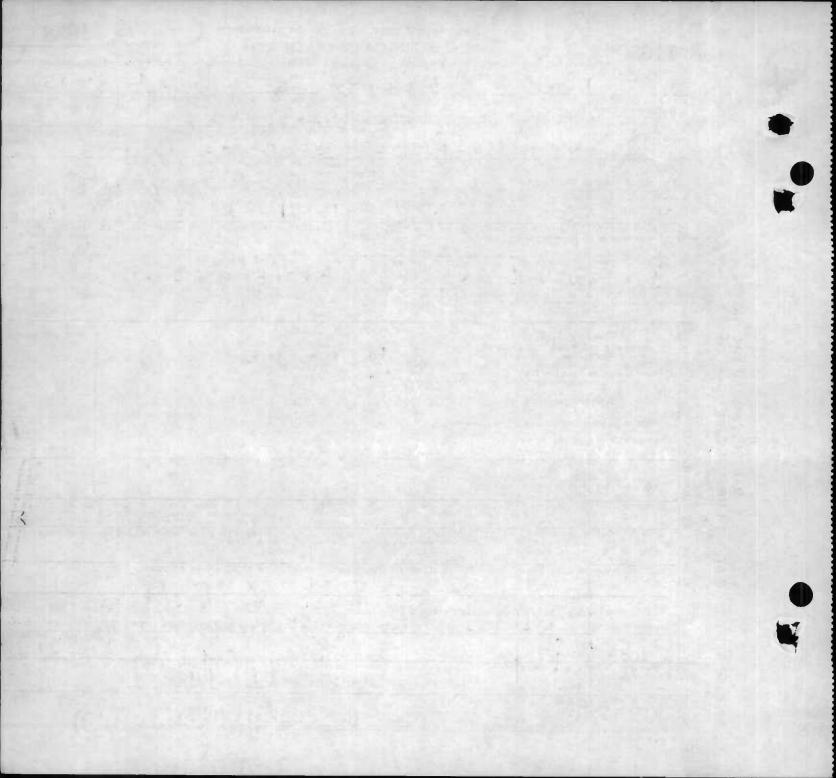
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#### BALTIMORE CITY HEALTH DEPARTMENT

53 11653 Registered No.

a 5	BII	11653	3-31317		CERTIFICATI	E OF DEA	TH Registe	red No.
T .be	1. (T:	NAME OF D	BABY	BOY	DILLAR	D	2. DATE OF DEATH	2-21-53
plie		PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RES	IDENCE (Where deceased live B. COUN'	
Ins	В.	FULL NAME		al or institut	ion, give street address or location)		AND	Nacionale Difference - 2 to
IIy	IN	STITUTION	CINA	1109	DITAL	C. CITY OR TO	MORE	e limits, write RURAL and giv township
efu	14	- 1/	1 10 01 1	410-	Yrs.	D. STREET ADE	ORESS (If rural, give location	on)
car	c. Length of stay in Baltimore Days					1816	Ashland a	ie.#5
should be carefully supplied.	5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIF	9. AGE (In year last birthda)	y) Months Days Hours Min.
shou			CUPATION (Give kind of f working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
ion cl	13	FATHER'S N	IAME	<u> </u>		14. MOTHER'S	MAIDEN NAME	1 CC. J. A
IG mat leath	13. FATHER'S NAME					ARTI	E DILLAR	D
BINDING of information shouluses of death clearly	15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	r	ADDRESS
		18.	9/ /		CAUSE	OF DEATH		INTERVAL BETWEEN
FOR I		DISEAS	E OR CONDITION		(P) h	~ 4 4 — 1.	10: -11	ONSE! AND DEA!
# P#			not mean the mode	of dying, e. g		EMATU	KI (Y	***************************************
Every write t		injury or	re, asthenia, etc. It mea complication which	caused death	i.) DUE TO			
2			ANTECEDENT CAUS	SES				
RESERVED i INK. Ever please write	Z	DISFASE	S OR CONDITIONS, I	F ANY GIVIN	(B)	***************************************	***************************************	••••••••••••••••••••••••••••••
R.F.	Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
NI.	CA				(C)			
MARGIN J UNFADING Physicians: 1	RTIF		11	CONTRIB				
MA	ER	TO THE	NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO				
H	LC		F OPERATION   I		TION FOR WHICH OF	PERATION	IF OPERATION WAS RELA CAUSE OF DEATH, EN	TED TO 20. AUTOPSY?
ILY, WITH important.	CA		ENT WAS UNDERLY		PLACE OF INJURY	e. g., in or 21c. Wh	HERE DID (If in Baltimore	City, give exact location)
6	EDI		BUTING CAUSE OF		home, farm, factory, street, office	bidg.,etc.)	OCCORT	
	Σ	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		W DID INJURY OCCUR?	
TE PLAIN especially				m.	WORK AT WOR	к	- 12 7:	par ,
PI		22. I hereb	y certify that I at	tended the	deceased from		53, to 12.21	19that I last saw th
RITE is esp		deceased a		_, 19.53,			m., from the causes and	on the date stated above
'RI		23A. SIGNA	1 1 1	1.		23B. ADDRESS	Hachital	121-21-5
E W	2.	AA. BURIAL.	CREMA- 248, DATE		M. D. 24C. NAME OF CEMETE	RY OR CREMATO	RY 240. LOCATION (City	, town, or county) (State)
(1)	TIC	ON, REMOVAL (S	Specify)		John Kurking	S REDUCK SCHOOL	DEC, 30, 1958	
PLEAS correct	D	ATE RECEIVE	D BY REGISTRAR	'S SIGNATI	URE A 7'13 a	25. FUNERAL	DIRECTOR	ADDRESS,
P 2		AW To	LOCK TON	Sin or the	Low Land Walder	15	S WALLEAN CO	



PLEASE correct

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

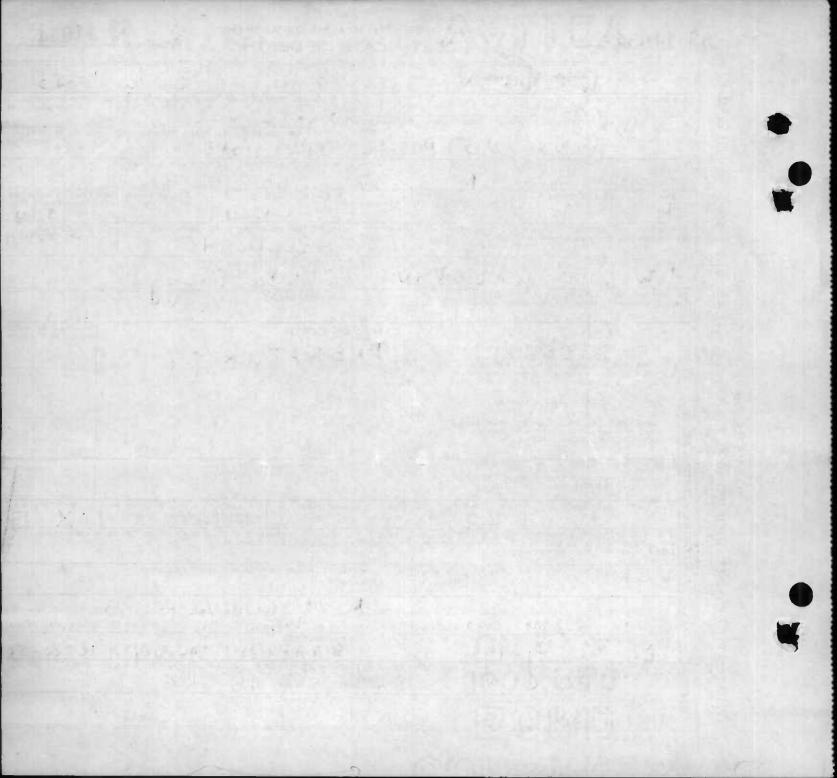
**ADDRESS** INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY7 ENTER IN 19 3 that I last saw the Som, from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS P.OGA

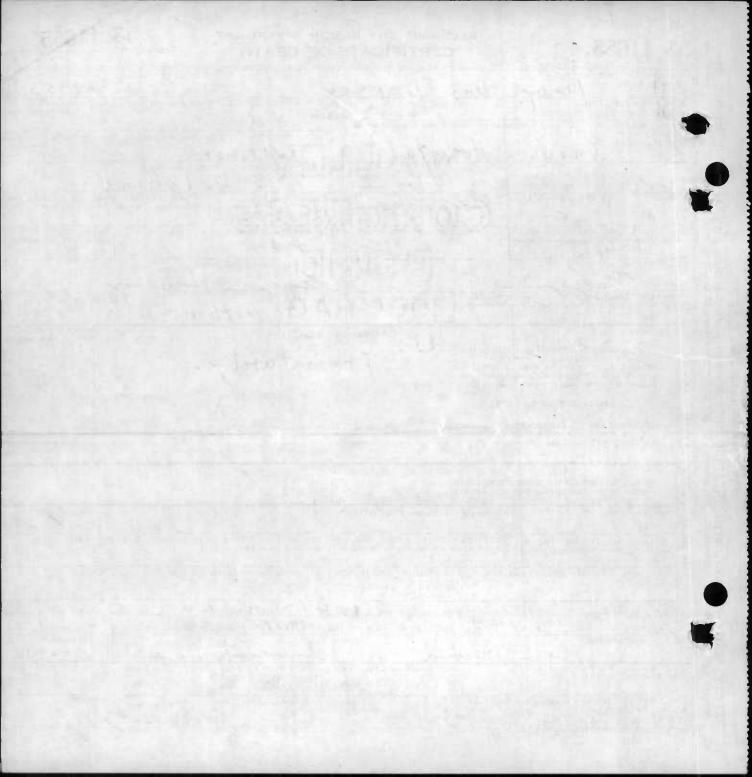
before admission)

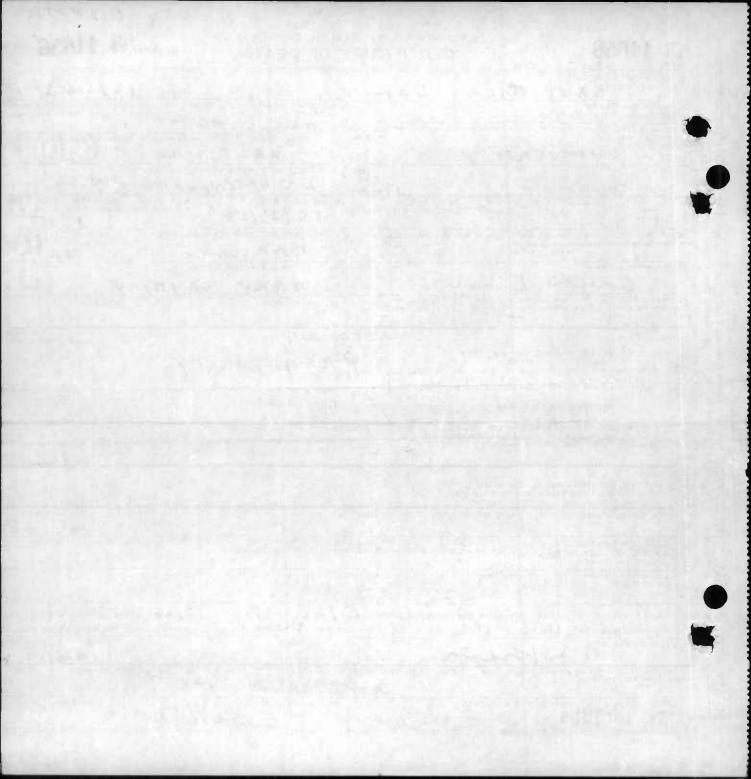
12. CITIZEN OF

WHAT COUNTRY?

township)







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The

AB-95515 53 11658

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### CERTIFICATE CORRECTED

#### BALTIMORE CITY HEALTH DEPARTMENT

ES

53 11658

BIRTH NO.	658		CERTIFICAT	E OF	DEAT	ГН	Registere			
1. NAME OF (Type or Print)	DECEASED	John Re	oss				2. DATE OF DEATH DE	c. 1	8-1953	3
	City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: res				esidence admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals  Yrs.					c. CITY OR TOWN (If outside corporate limits, write RURAL and g				AL and give township)	
c. Length of	stay in Baltimore	Life	Mos. Days	Balt	imore	City	Hospitals-4			
5. SEX	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specify	1	6-1869		9. AGE (In year last birthday)	Month	er I Year I	Under 24 Hours Lours Min.
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR INDUSTR	Υ	RTHPLACE land	(State or	foreign country)	12	WHAT	OF COUNTRY?
13. FATHER'S	NAME William	Ross			other's M			1		
15. WAS DECEA	SED EVER IN U. S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.		FORMANT Ords:B	altim	4940 Easter ore City Ho	n Abo	esss als	
Z DISEAS	iure, asthenia, etc. It mea r complication which c ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA	aused death	Chronic bron	chiti ecifi	s. empl	nysem nary	ı — non— disəsse	••••••••••		
ш то тн	IGNIFICANT CONDITIONS E DEATH BUT NOT I	RELATED TO	JTING THE							
V .	OF OPERATION   1	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner,	TION FOR WHICH O	PERATIO	NC	CAUSE	OF DEATH, ENTE		20. AUT	ropsy?
OR CONTR	DENT WAS UNDERLYI IBUTING CAUSE OF OTIFY MEDICAL EXAMINE	about	s. PLACE OF INJURY home, farm, factory, street, office				(If in Baltimore (	lty, giv	ve exact l	ocation)
OF INJURY	(Month) (Day) (Year)	(Hour)	2 1E. INJURY OCCURF  WHILE AT NOT WH  WORK AT WOI	ILE	21F. HOV	V DID II	NURY OCCUR?			
deceased		ended the _, 19_ <b>53</b> _,	and that death occu	rred at.	12.454	5, to 1 M, from	2-18-, 1 the causes and o	n the	date sta	ted above.
23A, SIGN	11-01	Deli.		238. ADI 4940 ]		Ave.	,Baltimore,			18-195
24A. BURIAL, TION, REMOVAL	CREMA 248. DATE (Specify)		24c. NAME OF CEMET	MEDICA	SCHOOL I	) E.C.	LOCATION (City, t	own, or	county)	(State)
DATE RECEIV		SSIGNATI	WHI AMAR NO	25. FL	INERAL DI		Mist.	A	DDRESS	

See memo in Document file re this case.

Investigation by De. C. Silverman, Dir Bu of TBC - BCHD with Baltimore City Hospital.

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## BALTIMORE CITY HEALTH DEPARTMENT 53 11659 Registered No.

The	BIRTH NO.	IE OF DEATH
NDING information should be carefully supplied. To death clearly and legibly.	1. NAME OF DECEASED (Type or Print) Leroy Littles	2. DATE OF DEATH Dec. 17, 1953
	s. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street address Baltimore City Hospitalsocation and the street address Baltimore City Hospitalsocation and the street address Baltimore City Hospitalsocation and the street Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	c. Length of stay in Baltimore P Da	s. D. STREET ADDRESS (If rural, give location)
ould b	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specific No. USUAL OCCUPATION (Give kiedel), 108. KIND OF BUSINESS OR	Dec. 25, ? last birthday) Months Days Hours Min.
tion sh	work done during most of working life, even if retired)  13. FATHER'S NAME	North Carolina WHAT COUNTRY
BINDING of informa uses of deat	Bill Littles (d)  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO	Sarah ? (d)
BID n of		B. C. H. 4940 Eastern Ave. (records)  E OF DEATH INTERVAL BETWEEN ONSET AND OBATH
RESERVED FOR I INK. Every item please write the cau	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ocardial Infarct hr.
GIN RE DING IN ans: ple	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
MARGIN R UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19a. CONDITION FOR WHICH	OPERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?
WITH ortant.	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUR OR CONTRIBUTING   CAUSE OF   about home, farm, factory, street, or   CAUSE OF   CAUSE OF	CAUSE OF DEATH, ENTER IN PART I OR PART II  Y (c. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
AINLY Illy im	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU OF INJURY   WHILE AT   NOT	WHILE
PLEASE WRITE PLAINLY, correct age is especially imp	deceased alive on 12-17, 19 53 and that death of	6-18, 19 52, to 12-17, 19 53, that I last saw the coursed at 4 P, m., from the causes and on the date stated above
E WRI age is	23A. SIGNATURE  M. D.  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  AMERICAN	4940 Eastern Ave. 12-17-53  ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASI correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	V\$ 150	The state of the s

4. 5 高级产作区区2A-196 A Committee of the comm Colombia Cy Process During Co. S. Co. Control of the second of the second R-11-11 TSR - 75 TSR - 50 TSR

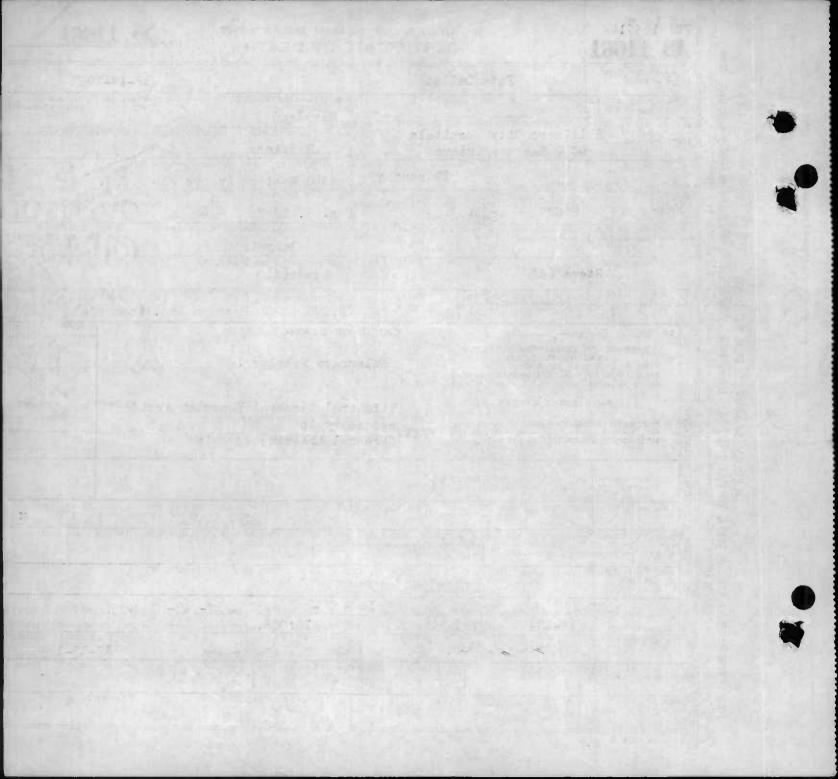
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1.	NAME OF DE	CEASED	Andrew	Pohentson		2. DATE OF De	c. 19-1953
3. A. B.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admiss Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and towns		
<u>c.</u>	Length of st	ay in Baltimore	L 1 7. SINGLE	Yrs. Mos. Days	D. STREET ADD	RESS (If rural, give location) rn Ave.Baltimore	City Hospitals
10	A. USUAL OCC		Widow 1 108. KIND	ed	II. BIRTHPLACE	.882 71 E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Charles Robertson			14. MOTHER'S Matil	da Long		
		(If yes, give war or dat	es of service)	SECURITY NO.	Records:B	altimore City Hos	pitals  Interval Between
RTIFICATION	DISEAS  (This does beart failur injury or DISEASES RISE TO TH UNDERLY	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L  II	TH of dying, e. gans the diseas caused death SES IF ANY, GIVIN STATING THAST.	(B)		sema : Bronchitis	ONSET AND DEATH
CAL C	19A. DATE OF	NT WAS UNDERLY	19B. CONDI WAS PERFO (ING 21E about	RMED . PLACE OF INJURY	(e. g., in or 21C. Wh	CAUSE OF DEATH, ENTER PART I OR PART II HERE DID (If in Baltimore C	R IN YES NO .
ME				WHILE AT NOT WHE	LE	W DID INJURY OCCUR?	
	deceased al	ive on 12-19-		and that death occu	rred at 3.40A	M., from the causes and o	n the date stated above.    23c. DATE SIGNED
	ON, REMOVAL (S	Pecify)		24c. NAME OF CEMET	Y NEULAL SCHOOL	RY 24d. LOCATION (City, to	
			the !	Villiano .	San Land	o Williams	1/4
	MEDICAL CERTIFICATION  1.1.  MEDICAL CERTIFICATION  1.2.  1.2.  1.3.  1.	1. NAME OF DE (Type or Print)  3. PLACE OF DE A. Baltimore Ci B. FULL NAME OF HOSPITAL OR INSTITUTION BE C. Length of st. 5. SEX  Male  10A. USUAL OCC WORK done during most of USEASE OF THE COMMENT OF THE UNDERLY  21B. TATHER'S N. 15. WAS DECEASE (Yes, no or unknown)  18. 50  DISEASE OF THE UNDERLY  OTHER SIGN TO THE UNDERLY  OTHER SIGN TO THE UNDERLY  21A. ACCIDE OR CONTRIB DEATH (NOTI BEATH (NOTIC BEATH (NOTIC BEATH (NOTIC BEATH (NOTIC BEATH (NOTI BEATH (NOTIC BEATH (NOTI	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION Baltimore Cit  C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE  Male White  10A. USUAL OCCUPATION (Give kindowork done during most of working life, even if retired  13. FATHER'S NAME  Charles Ro  15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date (Yes, no or unknown))  DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A. UNDERLYING CONDITION). RISE TO THE ABOVE CAUSE (A. UNDERLYING CONDITION)  TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE ODEATH (NOTIFY MEDICAL EXAMIN 21D. TIME (Month) (Day) (Year OF INJURY)  21D. TIME (Month) (Day) (Year OF INJURY)  22. I hereby certify that I and deceased alive on 12-19-23A. SIGNATURE  24A. BURIAL, CREMA-11ON, REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW Male White Widow  10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired)  13. FATHER'S NAME  Charles Robertson  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  18. 50	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Baltimore City Hospitals  C. Length of stay in Baltimore  Jife Mose, Days  5. SEX	T. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or hospital A. STATE Maryl C. CITY OR TOW B. STREET ADD C. Length of stay in Baltimore  J. STATE ADD C. Length of stay in Baltimore  J. STATE ADD C. Length of stay in Baltimore  Life Days  Male  White  To ALL STATE  Maryl C. CITY OR TOW Baltim C. CITY OR C. CI	1. NAME OF DECREASED (Type of Pint)   Andrew Robertson   2. DATE   Decrease   Decrease

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BINDING	LAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The stally important. Physicians: please write the causes of death clearly and legibly.
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RESER	INK.
MARGIN RESERVED FOR BINDING	UNFADING Physicians: p
	WITH rtant.
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F	7J 165714	TANK SEE		TIMORE CITY HE			1661
B)	3 116	61		CERTIFICATI	E OF DEAT		01001
	NAME OF DE	CEASED	Fate Da	llas	2. DATE OF DEATH 12-13-1953		
A.		ity, Maryland			A. STATE	DENCE (Where deceased lived, If is B. COUNTY	nstitution : residence before admission)
HO	FULL NAME ( OSPITAL OR ISTITUTION	Baltimore		ion, give street address or pitals location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
- 0	2.1	4940 Eas	tern Ave	nue	Baltim		kom
0	Length of st	av in Baltimore		19 months Mos.		ern Avenue #24 B.C.	н.
5.	SEX Male	6. COLOR OR RAC.	WIDOW	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIR	TH 9. AGE (in years Mor	
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	AME Steve (d)			14. MOTHER'S M	<u> </u>	
		D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AL		DDRESS
(10	m, no or unknown)	(11 100, 8110 wat of the	1005 01 504 1200)	SECORITY NO.	B.C.H. 494	O Eastern Ave. (rec	ords)
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING					al Vascular Accident	<b>5</b>
RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
CE	DISEASE O	F OPERATION	NG IT.	ITION FOR WHICH O	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER II	
DICAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF   about home, farm, factory, street, office					PART I OR PART II HERE DID (If in Baltimore City, OCCUR?	give exact location)
ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR					W DID INJURY OCCUR?	
	while AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 12 - 9 - , 1952, to 12-13- , 1953, that I last saw deceased alive on 12-13- 1953, and that death occurred at 10:50 Pm. from the causes and on the date stated about						
	deceased a	live on 12-13-	1953	and that death occu	rred at 10:50F	In., from the causes and on th	ne date stated above.
	23A, SIGNA		ounc Po		238. ADDRESS 4940 Easter		23c. DATE SIGNED
2 TI	4A. BURIAL.	CREMA- 24B. DATE		24C. NAME OF CEMET			or county) (State)
	OATE RECEIVE	D BY REGISTRA	R'S SIGNAT	Velker	25. FUNERAL D	DIRECTOR	ADDRESS
IN	VS 150				1 1 1 1 1 1	Ö	

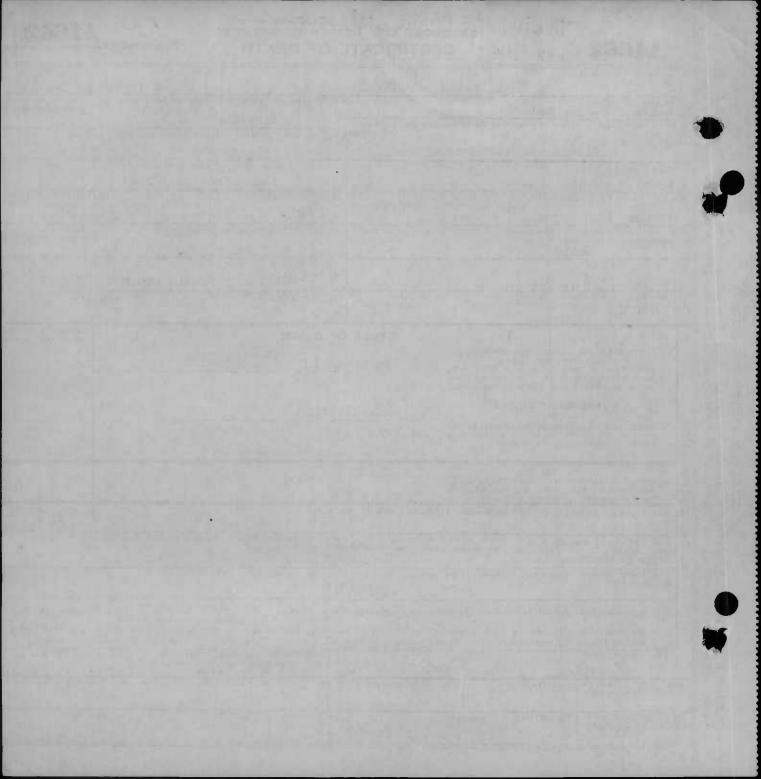


11662 Registered No. 6625-2-25353 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF December 31, 1953 NORA WATKINS DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS, (If rural, give location) Mos. 1042 Stockton Street c. Length of stay in Baltimore Davs 9. AGE (In years) # Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) II Oct. 15,1953 Colored on should) Female 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) Baltimore, Md information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME OJuli Priscill Brown down Wat let no 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. causes of 18. 492 X INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Interstitial pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXX BUILDING ANTECEDENT CAUSES Malnutrition ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION WITH NLY, WITH y important. (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK AT WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dec. 31, MEDICAL INVESTIGATOR PLEASE 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE / correct TION, REMOVAL (Specify) morgan 1-8-54 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151 js

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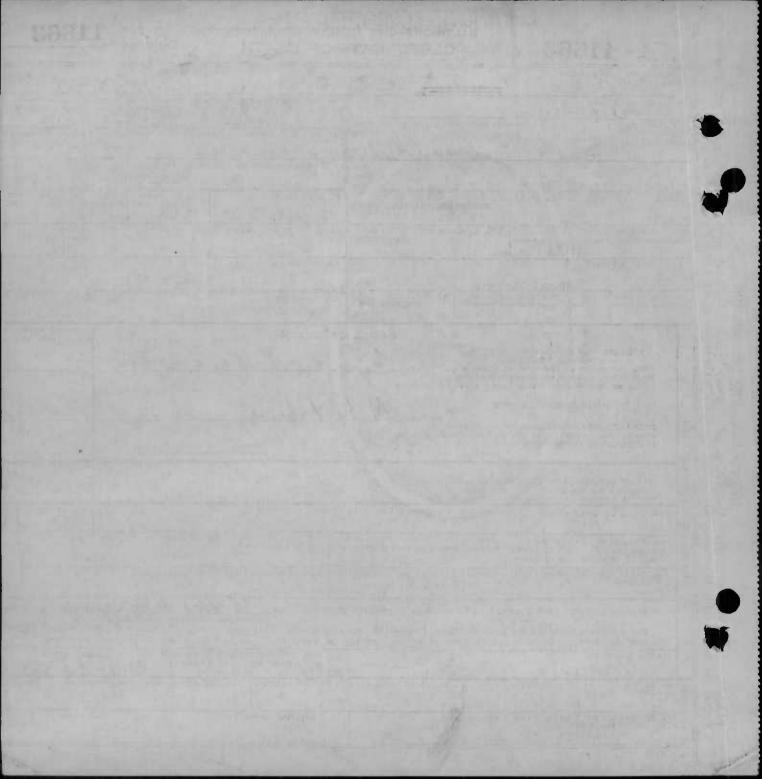
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11663 53-209 CERTIFICATE OF DEATH Registered No. The 1. NAME OF DECEASED (Type or Print) 2. DATE OF ephus DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH B, COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Cherry Hill D. STREET ADDRESS (If rural, give location) YFs. Mos. 2605 Thelman Court c. Length of stay in Baltimore Days 6 COLOR OF FACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Colored U Sept. Sin le Male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAU OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY Baltiore. M. information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hattie Banks Vernon Stevens 15. WAS DECEASED (EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes of INTERVAL BETWEEN CAUSE OF DEATH 54.4 Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hart Wiscase LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR1 UNDERLYING | OR CONTRIB. ā UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? PLAN WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes & accident , suicide , homicide , undetermined . WR! 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) correct morque armale. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 151

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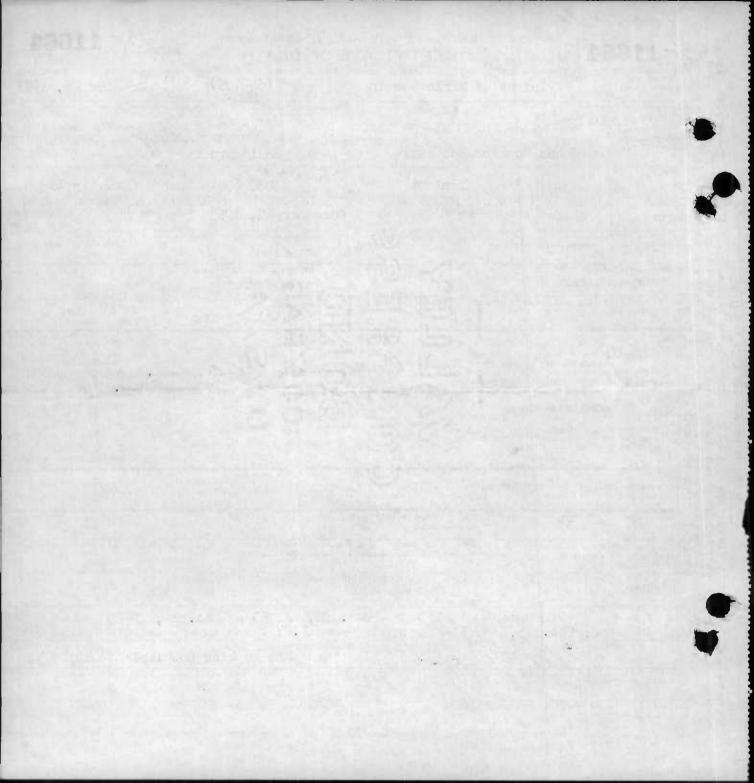


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Infant of Marie Weaver (646705) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN INSTITUTION The Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Infant Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White December 25, 1953 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) information s s of death cle Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Weaver Marie Turner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. Hospital Records Jo CAUSE OF DEATH 62.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH hyalin usembram lices (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) TIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. 4 (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION INLY, WITH CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from Dec. 25, ,1953, to Dec. 25, ,1953 that I last saw the deceased alive on Dec. 25, 1953 and that death occurred at 12.27 km, from the causes and on the date stated above. <sup>23</sup>q. ADDRESS
he Johns Hopkins Hospital 23A. SIGNATURE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

2. DATE December 25, 1953 OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : rustdence B. COUNTY bettere admission) (If outside corporate limits, write RURAL and give township) 1830 North Durham Street - 13 9. AGE (In years) If Under 24 Hours last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 1953, to Dec. 25, , 19 53 that I last saw the 23c. DATE SIGNED 12/29/53

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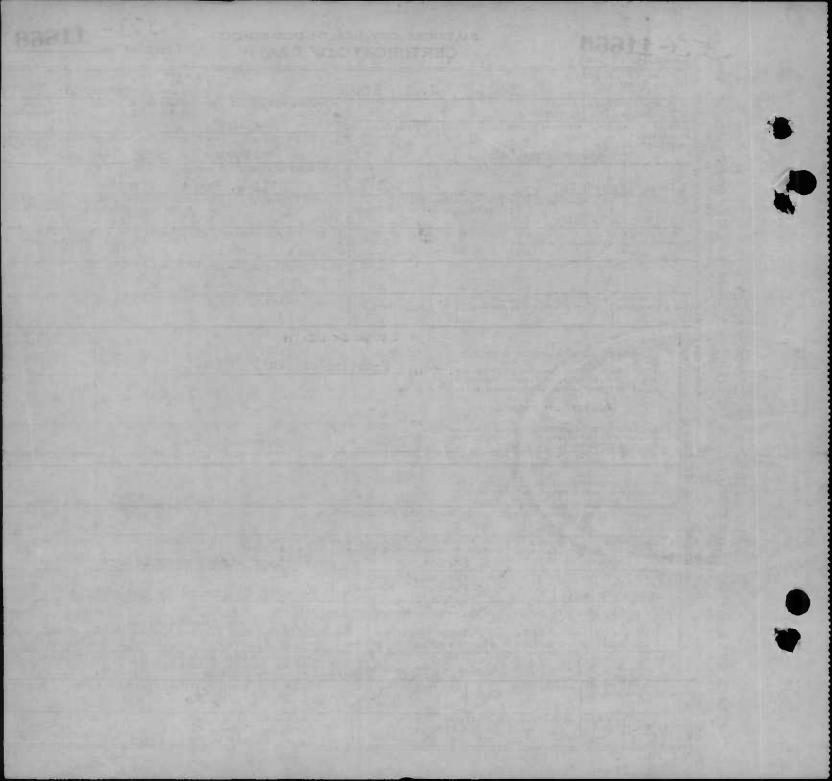
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53- 11668

3-11668 BIRTH NO.		CERTIF	ICATE	OF DE	ATH	Reg	istered No_	77000
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:	EDWARD	J.	HYMAN		ESIDENCE (		Decemb	er 20, 1953
A. Baltimore City, Maryl	and in hospital or instituti	ion, give street	address or location)	A. STATE	Marylan	в. со	UNTY	hefore admission
Mercy H	Hospital		Yrs. Mos.	D. STREET A		f rural, give lo		2 township
c. Length of stay in Balt  5. SEX 6. COLOR of  Male White	R RACE   7, SINGLE	MARRIED, ED, DIVORCE	Days	8. DATE OF E		9. AGE (ling last birth 73	n years It Unde	n I Year   H Under 24 Hours s Days   Hours Min.
10A. USUA OCCUPATION ( vork done during most of working life, eve	Give kind of 10B. KIND an if retired)		SS OR NDUSTRY	11. MRTHPLA			y) 12	. CITIZEN OF WHAT COUNTRY
13. FATHER SINAME				14. MO <b>N</b> HER:	S MAIDEN N	NAME		
15. WAS DECEASED VER IN U (Yes, no or unknown) (If yes, give	S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURI		17. inforMa N			ADDI	RESS
Z DISEASES OR CONDI	etc. It means the diseas which caused death NT CAUSES TIONS, IF ANY, GIVIN NUSE (A) STATING TH	(B)		re of sk	••••••			
OTHER SIGNIFICANT TRIBUTING TO THE DESTRUCTION TO THE DISEASE OF COMMENTS.	T CONDITIONS CON ATH, BUT NOT RELATE ONDITION CAUSING I	T	OF OPERA	TION				20. AUTOPSY?
1	30	FINDINGS						YES X NO
Z1A. EXTERNAL CAUSE UNDERLYING A OR COUTING CAUSE OF Z1D. TIME (Month) (Da OF INJURY December 12,	y) (Year) (Hour)	CE OF INJU arm, factory, etree treet 21e. INJURY WHILE AT WORK	t, office bldg., etc	Sarat	oga Str	eet near	4/1	y Street bile
the evidence obta and death in my	ined by said Auto	psy, Inspec	scribed ab	ove, held an quiry, find	Autopsy, that said of M, suicide	. homic	r Inquiry cd on the c ide [], unde	etermined [].
24A. BURAL. CREMA- TION, REHOVAL (Specify)	O. Jac		M.I.	ASSISTAN	T MEDICAL INVESTIGA ORY 240		Dec	• 21, 1953 county) (State)
DATE RECEIVED BY REG	ISTRAR'S SIGNATU	RE VII:	0ml 100 1	25. FUNERAL		Win		DDRESS



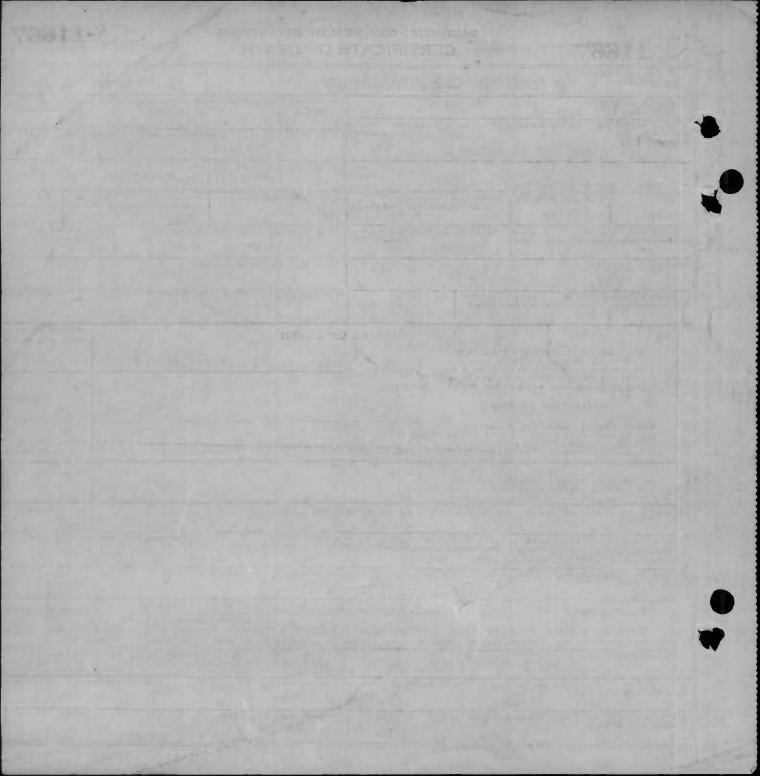
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3	 14	66	17

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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	3-1166	7
Registered	W TTOO	4

	BII	RTH NO. LOO	CERTIFICATE	OF DEATH		
	1.	NAME OF DECEASED	LPH OLANDO HARRING	ron	OF DEATH Dece	mber 4, 1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, If B. COUNTY	institution : residence before admission)
	HC	FULL NAME OF (If not in hospite operation) STITUTION 1608 Hollin	al or institution, give street address or location)		163	ts, write RURAL and give township)
	Y		Yrs. Mos.	D. STREET ADDRESS (If		
0	5.	Length of stay in Baltimore  SEX 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	H Under 1 Year on the Days Hours Min.
2	_	Male White  A. USUAG OCCUPATION (Give kind of decided of the control of the contr	108. KIND OF BUSINESS OR INDUSTRY	11. RIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		. FATHER SKNAME		14. MONHER'S MAIDEN N	AME	
		N		0		
100	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED (If yee, give wer or date:	o forces?   16. SOCIAL SECURITY NO.   218-03-3723	17. INFORMANT	A	ADDRESS
		DISEASE OR CONDITION LEADING TO DEA: (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	DIRECTLY TH of dying, e.g., uns the disease, caused death.)  DUE TO	OF DEATH	liver	INTERVAL BETWEEN ONSET AND DEATH
	RTIFICATION	ANTECEDENT CAUS  DISEASES OR CONDITIONS, 1 RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO			
	ERTIF	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	LC		98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office hidg., e		If in Baltimore City,	give exact location)
	Σ	21D. TIME (Month) (Day) (Year) OF INJURY	m. WHILE AT NOT WHILE			
		22. I certify that I took char	ge of the remains described a	bove, held an partia	l autopsy	_ thereon and from
		the evidence obtained by	said Autopsy, Inspection or I resulted from: natural causes	nquiry, find that said d	eceased dicd on ti	he day stated above,
20.		23A. SIGNATURE 9.		238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER D	ec. 4, 1953
	24 TIC	A. BURIAN, CREMA- 248. DATE	AAAA MILI TITALIA YA		8, 1954	
3		ATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	W. 11	ADDRESS
-	V	\$ 151	A	A		



3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

1. NAME OF (Type or Print)

INSTITUTION

Female

noor unknown)

13. FAT

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18.

RTIFICATION

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especially

WRITE

PLEASE W.

Yrs. Mos.

Days

before admission)

A. Baltimore City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of work done during most a working life, even if retired)

nknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

nenown

Ethel

4940 Eastern Ave.

(If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, c.g.,

heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

UNDERLYING CONDITION LAST.

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF

6. COLOR OR RACE

Johnson

Baltimore City Hospitals location)

10E

7. SINGLE, MARRIED

WIDOWED DIVORCED (Specify)

16. SOCIAL

DUE

BUSINESS OR

INDUSTRY

2. DATE OF Dec. 23, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution : residence

	STAT		Mary			B. COUN	
C.	CITY	OR	TOWN	(If	outside	corpora	te li

mits, write BURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location)

1301 Linden Ave. 9. AGE (In years) If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH last birthday) Months: Days Hours : Min.

	1
. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
1/1	MYHAT COUNTRY?
Unknown.	4. 24.

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS SECURITY NO. 4940 Bastern Ave. (records)

CAUSE OF BEATH	ONSET AND DEA
Carcinoma of head of Pancress	
: то	
3)	***************************************

RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (C)

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

ATION (City, town, or county)

IF OPERATION WAS RELATED TO

CAUSE OF DEATH, ENTER IN

DEATH (NC	TIFY MEL	IICAL E	XAMINER)		
21D. TIME	(Month)	(Day)	(Year) (Hour)	21E. INJURY	OCCURRED
OF INHIBY					

21F. HOW DID INJURY OCCUR?

	m.	WORK	AT WORK
22. I hereby certify	that I attended the	deceased	from 12

, 1953 to 12-23 , 1953, that I last saw the

deceased alive on_	12-23 , 1953 , and that death oc	curred at 3 A m., from the causes an	d on the date stated above.
23A, SIGNATURE		23B. ADDRESS	23c. DATE SIGNED
	Holum Roes.	LOLO Restern Ave.	12-23-53

238. ADDRESS 4940 Eastern Ave 20. AUTOPSY

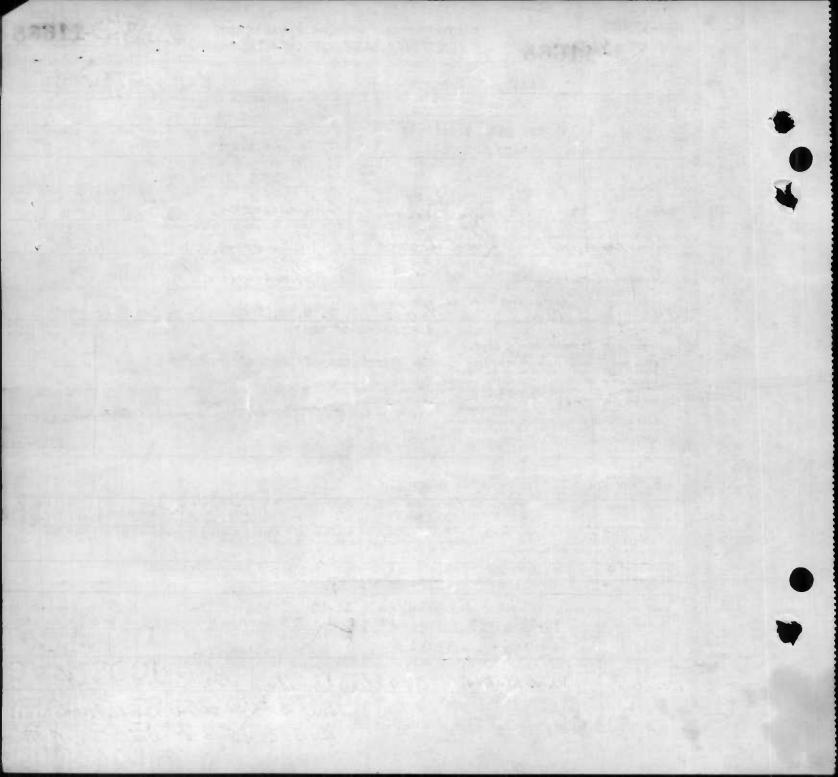
Burial (Specify)		St Peters	10 .	Ba
DATE RECEIVED BY	REGISTRAR'S SIGNAT	URE, 2	E B W	alven

supplied. carefully legibly pe on should be information s of death cle uses of item cal Every ite INK. UNFADING Physicians: p WITH important. PLAINLY

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11669 Registered No.

	ype or Print) PLACE OF D		eiffer		4. USUAL RESIDENCE	(Where deceased lived, I	
	Baltimore C	ity. Maryland	al or institution, give	street address of	A. STATE	B. COUNTY	before admissio
HC	STITUTION	Baltimor	e City Hospitern Ave.		c. CITY OR TOWN Baltimore	(If outside corporate lim	townshi
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	o. sweet one Afd	(If rural, give location) 1940 Eastern A	Te.
	SEX 10	6.COLOR OR RACE	7. SINGLE, MARI WIDOWED, DIV	RIED. 40RCED (Specify	8. DATE OF BIRTH  Dec. 5, 1886	9. AGE (In years last birthday)	It Under 1 Year H Under 24 Her Ionths Days Hours Mi
		CUPATION (Give kind of f working life, even if retired)		JSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTR
13	FATHER'S	John Pfeif	fer		14. MOTHER'S MAIDEN  Eva Herle	NAME	
15 (Yes	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARME (If yos, give war or date	D FORCES? 16. S	OCIAL ECURITY NO.	17. INFORMANT B. C. H. rece	ords, 4940 Eas	ADDRESS Itern Ave.
RTIFICATION	RISE TO T UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA CONDITIONS IN THE ABOVE CAUSE CONTRACTOR OF THE ATT HOLD TO THE ATT H	F ANY, GIVING STATING THE DI AST.	(C)	ty Cachexia		
DICAL CE	19A. DATE O 11-18-5	F OPERATION	9B. CONDITION IN VAS PERFORMED  100 100 100 100 100 100 100 100 100 10	E OF INJURY	PERATION IF OPI IT THO TACOT OF AUSE PART (c. g., in or 21c. WHERE DI obldg., etc.) INJURY OCCUR	I OR PART II  D (If in Baltimore City	TO 20. AUTOPSY? IN YES To [ y, give exact location)
MEI		Month) (Day) (Year)			ILE	INJURY OCCUR?	
	deceased a		tended the decease, 19 <b>53</b> , and th	at death occu	arred a 6.10AM m., from	n the causes and on	the date stated abo
	23a. SIGNA	Argolu	s Ru 1	м. р.	238. ADDRESS 1940 Eastern Ave ERY OR CREMATORY   240	• b. LOCATION (City, tow	23c. DATE SIGN 1-13-54
-	A . DIIDIAI		C40. 14/	AME OF CEMET			
24 TI	AA. BURIAL, ON, REMOVAL (S	REMA- 3/4B. DATE				14 1954	n, or country) (Bea

20011 175 FLEET . 05 . 05 Term number of Aloc · 新香港 经营业 difference , E. . Held T. C. J. Spanning . Plan Series .. . S. . T. all the second of the second o I STORY OF STREET

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ch 2300

NAME OF DECEASED SAMUEL RANDOLPH (Type or Print) supplied. A. Baltimore City, Maryland BALTIMORE MARYLAND. (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL C. CITY OR TOWN carefully BALTIMORE D STREET ADDRESS (If rural, give location MONTEBELLO HOSPITAL 46 MARKET PLACE c. Length of stay in Baltimore Dava 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) HAY 24, 1893 . Should MALE WIDOWED 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) vork done during most of working life, even if retired) INDUSTRY YORK, PA. NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES . RANDOLPH. informa PROWL ADA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. HOSPITAL causes of CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY y it TERMINAL BRONCHOPNEUMONIA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. write injury or complication which caused death.) DUE TO 国 ANTECEDENT CAUSES CORTICAL ATROPHY WIT PARESIS OF ease BOTH LEGS AND RIGHT ARH. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE d UNFADING Physicians: p MENTAL DETERIORATION. UNDERLYING CONDITION LAST. FRACTURED RIBS LEFT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Iil. DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WITH WAS PERFORMED important. 21A. ACCIDENT WAS UNDERLYING OR CONTRUCTING CAUSE OF 2 IB PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month, (Day) (Year) (Hour) 21E. INJU OCCURRED 21F. HOW OF INJURY WHOT WHILE T WORK 22. I heroby certify that I attended the deceased from 12 , 195 3 to , 1953. and that death occurred at 600 RITE is esp esp deceased alive on 12 | 30 238. ADDRESS NONTERELLO HOSPITALI 23A. SIMNATURE B 24c, NAME OF CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) / 24A. BURIAL, CREMA-TION, REMOVAL (Specify) SE JUHN HURAIGO MENGE SENUT

REGISTRAR'S SIGNATURE

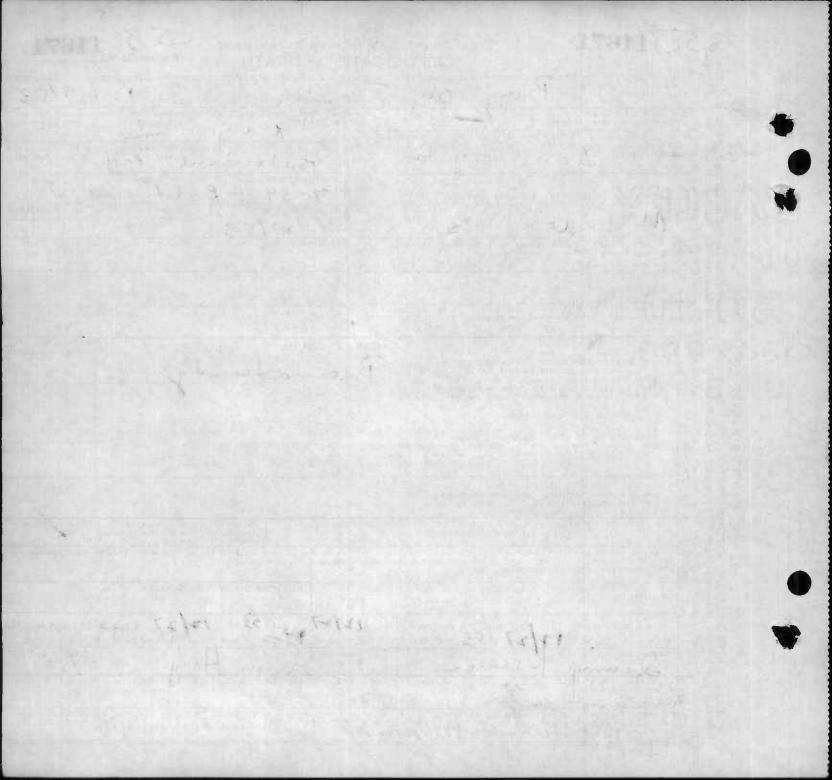
2. DATE OF DEC. 30,1953 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) BALTIMORE (If outside corporate limits, write RURAL and give 9. AGE (In years It Under I Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS RECORD INTERVAL BETWEEN ONSET AND DEATH HINONS IF OPERATION WAS RELATED TO 20. AUTOPSY? PART I OR PART II CAUSE OF DEATH, ENTER IN ER CEVISION OF HUJURY OF CUA CHIEF OR ASST. MEDICAL EXAMINER 19 13 that I last saw the Pm., from the causes and on the date stated above. BALTO, 18 . MO ADDRESS 25. FUNERAL DIRECTOR initially a

Property of temples. SECTION AND THE PROPERTY.

Registered No ERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore hr 45 min · Days 5. SE 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE 9. AGE (In years) il Under 1 Year information should be last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE NONE U.S.A Baltimore Nd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victor George 01501 Tranello 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Every item of i above Jo Mothere NO None INTERVAL BETWEEN 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING UNDERLYING CONDITION LAST. MARGIN Physicians: 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE U OISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO 20. AUTOPS WITH EDICAL WAS PERFORMED CAUSE OF OEATH, ENTER IN especially important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK 19 Shat I last saw the 22. I hereby certify that rattended the deceased from. WRITE 12/19) S and that death occurred at deceased alive on Dan., from the causes and on the date stated above. 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE 248. DATE DATE RECEIVED BY | REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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li Under 24 Hours

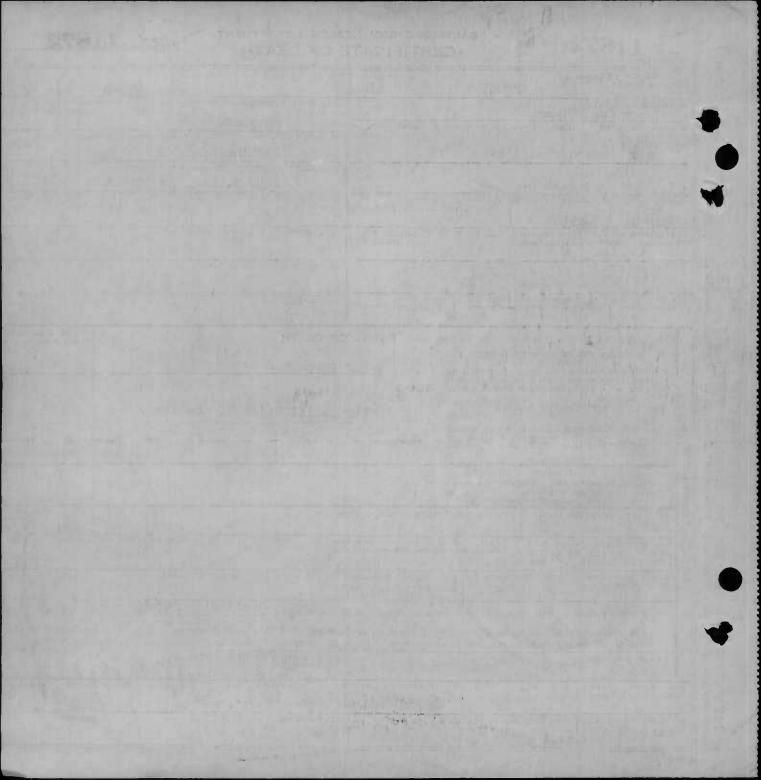


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MARGIN RESERVED FOR	PLEASE WRI'S PLAINET, WITH UNFADING INK. Every item	correct age is es ecially important. Physicians: please write the ca
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

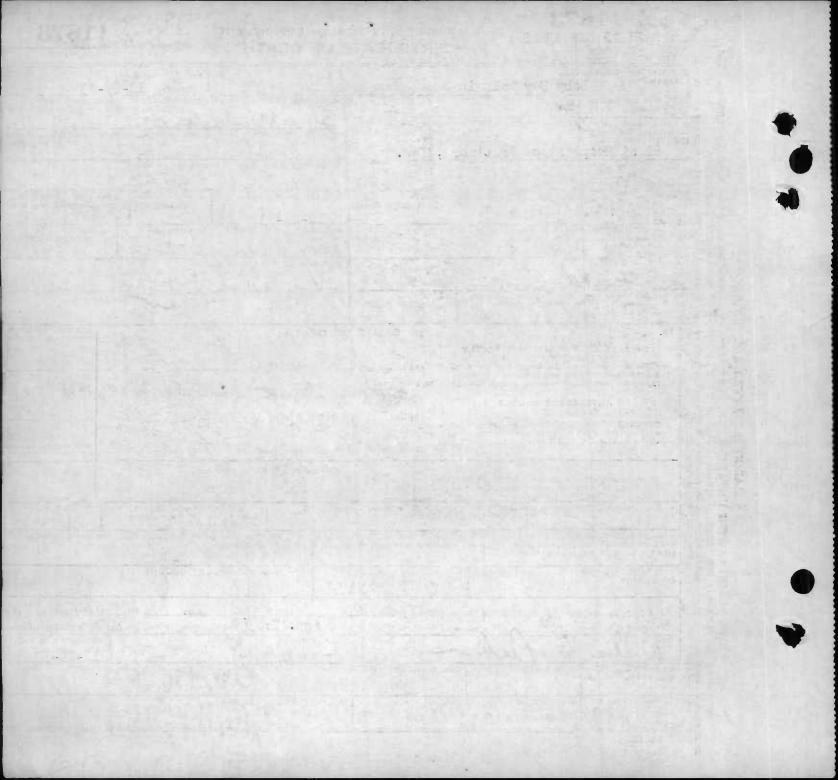
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В	RTH NO.	CERTIFICATI	E OF BEATTI				
	NAME OF DECEASED			2. DATE			
		AULINE MILLE		DEATH DECEMB	er 23, 1953		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived. If insti B. COUNTY	itution : residence before admission)		
В.	FULL NAME OF (If not in hospit	tal or institution, give street address or	Maryland				
	SPITAL OR STITUTION	location)		outside corporate limits, wi	rite RURAL and give township)		
1	Mercy Hospi	tal	Baltimore	11-0	3		
-		Yrs. Mos.	D. STREET ADDRESS (If				
c.	Length of stay in Baltimore	Days	1437 N. C	Charles Street			
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	Days Hours Min.		
	Female   White	U	U	118			
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)		1 BIRTHPLACE (State or fo	oreign country)   12.	CITIZEN OF WHAT COUNTRY?		
	added and master working me, even mountained	K	K				
13	FATHER'S NAME	N	14. MOTHER'S MAIDEN N.	AME			
		0	0				
15	. WAS DECEASED EVER IN U. S. ARME	D FORCEST 16. SOCIAL	17. INFORMANT	ADDF	RESS		
(10	s, no or unknown)	es of service) SECURITY NO.	N				
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	DIRECTLY ATH of dying, e. g., ans the disease,	of DEATH pneumonia		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES  Fatty infiltration of the liver  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)							
ERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
AL C	19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH.			If in Baltimore City, give	exact location)		
Σ	21D. TIME (Month) (Day) (Year OF INJURY	) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK					
	22. I certify that I took cha	rge of the remains described a	bovc, held an Partia	al Autopsy t	hereon and from		
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated at and death in my opinion resulted from: natural causes \( \mathbb{K} \), accident \( \mathbb{L} \), suicide \( \mathbb{L} \), homicide \( \mathbb{L} \), undetermined \( \mathbb{L} \)							
23A. SIGNATURE    23B. CHIEF MEDICAL EXAMINER							
Z TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	JOHN HOWINS MEDIC	AL SCHOOL JAN, 22, 19		county) (State)		
	ATE RECEIVED BY REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	William . A.	DDRESS		
V	S 151 js	0	E-AND-T				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. PERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Baby Boy Baldwin supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN carefully INSTITUTION township) Sinai Hospital of Baltimore, Inc. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days and 6. COLOR OR RACE 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday | Months: Days | Hours | Min. 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) pluods 12-21-53 information shous of death clearly 10A. USUAL OCCUPATION (Givekind of, 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes of INTERVAL BETWEEN 18. 762,5 CAUSE OF DEATH item ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO UNFADING Physicians: p MARGIN (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN WITH YES | important. PART I OR PART II EDIC, 21A. ACCIDENT WAS UNDERLYING | 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY 21F. HOW DID INJURY OCCUR? 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE especially WORK AT WORK 22. I hereby certify that I attended the deceased from 19\_ , 19\_\_\_, that I last saw the , and that death occurred appolication the causes and on the date stated above. WRITE deceased alive on 19 234. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Is 12-25-53 STMAT HOSPITAT M. D. 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY PLEASE correct DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR marked. COM

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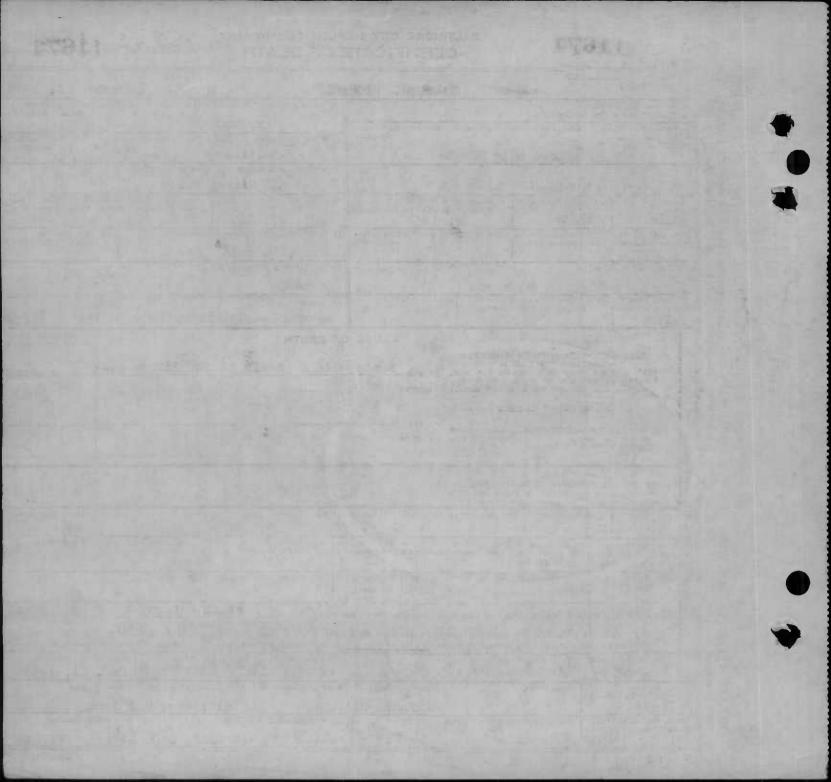
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.11674

BIRTH NO.	LOJA		CERTIFICATI	E OF DEAT	H Registere	ed No T TO A
1. NAME OF DI (Type or Print)	ECEASED		T DTAIL	· FDC	2. DATE	1 21 1052
3. PLACE OF DI	TATIL.		EDGAR J. RICH		DEATH DEATH DEATH DEATH	ecember 21, 1953
A. Baltimore C				A. STATE	B. COUNTY	
B. FULL NAME O	OF (If not in hospita	al or institut	ion, give street address or location)		yland	
INSTITUTION	· · · · · · · · · · · · · · · · ·	1 11		C. CITY OR TOWN		imits, write RURAL and give township)
(-1)	Baltimore Ci	ty Mor			timore	and I
- 11	- 1	Tifo	Yrs. Mos.	11		1)
c. Length of st	tay in Baltimore	Life	Days E. MARRIED.	8. DATE OF BIRTH	Market Place	If Under 1 Year   If Under 24 Hours
Marie III		WIDOW	VED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
Male	White CUPATION (Give kind of )		ingle of Business or	Sept. 23,	1894   59 State or foreign country)	1 to CUTIVELLOF
	CUPATION (Give kind of f working life, even If retired)	TOB. KINL	INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
				Macon, Geo	-	
13. FATHER'S N			LATER CALL	14. MOTHER'S MA	IDEN NAME	
	Edgar J. Ric			Unknown		
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give wer or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes			?	Veteran's	Administration,	Calvert & Fay-
18. 58	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	E OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEAT	TH	77 1.1	metamorphosi	s of the liver	
heart failu	re, asthenia, etc. It mea	ns the diseas	se, (A)		***************************************	
injury or	complication which c		h.) DUE TO			
1 1 1 1 1 1 1 1 1	ANTECEDENT CAUS	ES				
	OR CONDITIONS, IF			••••••		
RISE TO T	HE ABOVE CAUSE (A)		HE DUE TO			
<b>E</b>			(C)			
	11					
	IGNIFICANT CONDI					
TO THE DI	SEASE OR CONDITION	CAUSING I	т			
19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
		l or b		- Late WHERE	OLD (If in Doltimore Ci	YES X NO ty, give exact location)
	IAL CAUSE WAS	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE D	R?	ty, give exact location)
	AUSE OF DEATH.					
21D. TIME (	Month) (Day) (Year)		21E. INJURY OCCURRI	,	INJURY OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I certif	y that I took char	ge of the	remains described of	bove, held an _ I	Partial Autopsy	thereon and from
					ranopay, inspection of inqu	iry the day stated above
and de	ath in my opinion	resulted f	rom: natural causes	3 A, aecident [],	suicide , homicide	, undetermined [].
22 SIGNAT				1 23B. CHIEF ME	EDICAL EXAMINER	
boe	shy y.	ach		.D. MEDICAL INV	EDICAL EXAMINER X	Dec. 21, 1953
24A. BURIAL, O	ecify)		24c. NAME OF LEMETE	RY OR CREMATORY	24D. LOCATION (City, to	own, or county) (State)
Burial	1/26/5	4	Baltimore Na	tional	Baltimore, Ma	ryland
DATE RECEIVED	BY   REGISTRAR'S		RE ART	25. FUNERAL DIR	ECTOR	ADDRESS
LOCAL REGIST	Arry I	1	1/11. 0505 6- 10/10	Pilasth with	Armacost, 4600	

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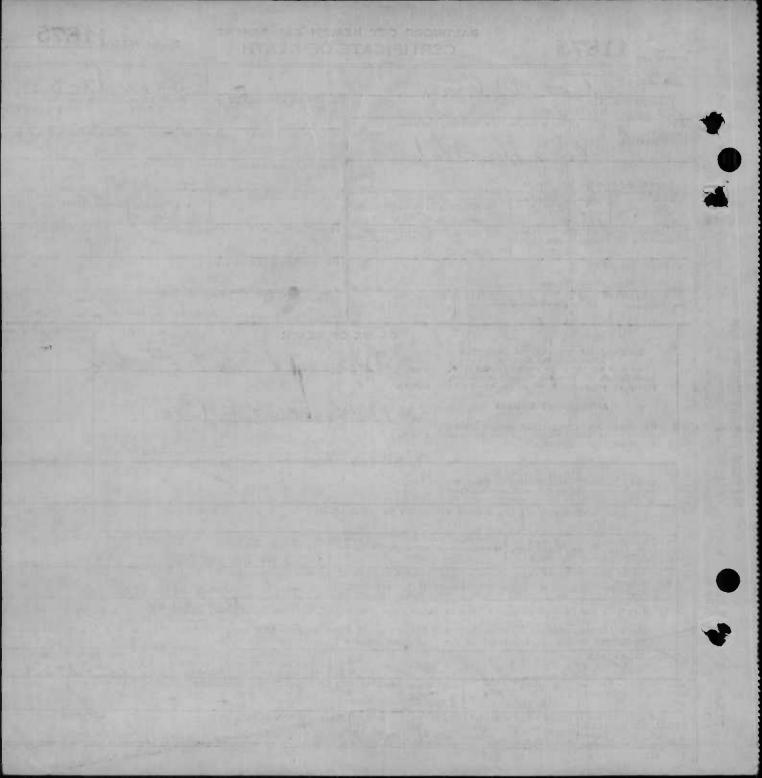


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH The NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ed. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where occeased lived. If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years H Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) and plnods 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME no Mulo 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. adm. Ballen causes of INTERVAL BETWEEN 18. E CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION important. EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-(If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 303 N. Exeter Street UTING | CAUSE OF DEATH. House 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Dec. 27, NOT WHILE WHILE AT Struck on head with iron bar 12:30 A.m. pecially WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection of Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased ded on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. WRI e is 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR PLEASE 24A. BURIAL. CREMA-24c, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) ura DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR 21. 2Vous is N

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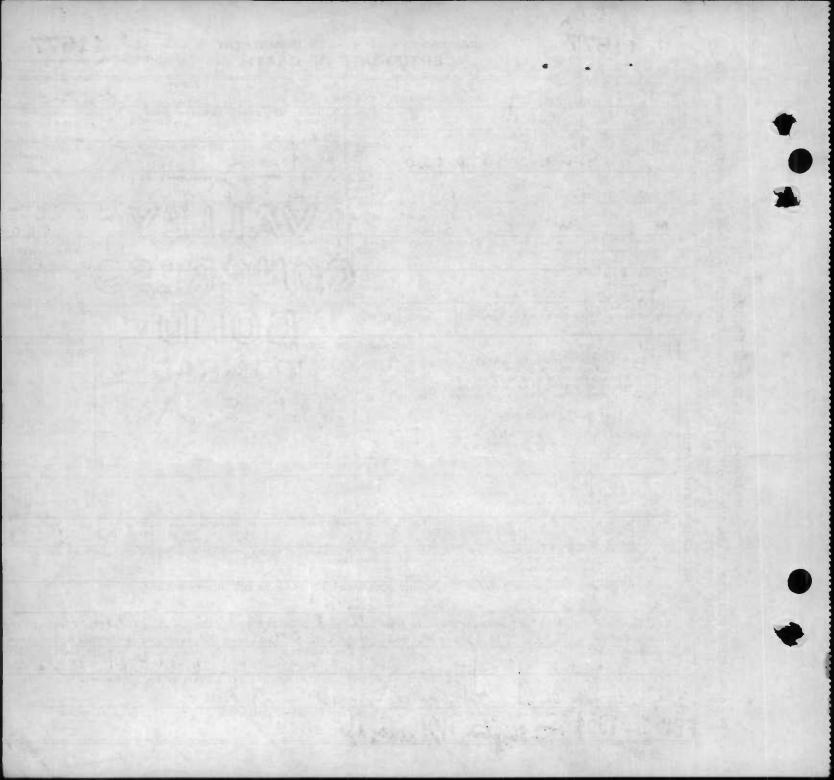
-	CEDTIFICA	TE OF DEATH  Registered No. 1676					
1.	NAME OF DECEASED	12. DATE					
	ype or Print) BABY BROADWATE	OF 10/15/53					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence					
	FULL NAME OF (If not in hospital or institution, give street addres						
1	OF BALT MORE, THE.	BALTIMORE township					
	Longth of store in Police						
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years   If Under   Year   If Under 24 Hours					
	M WIDOWED DIVORCED (Spe	last birthday) Months Days Hours Min.					
5	A. USUAL OCCUPATION (Give kied of dooe during most of working life, even if retired)	11. BIRTHFLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
3	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	ARCHIBALD BROHDWATTR	DOLORES WELLER					
15 (e)	. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO	1 17 INFORMANT					
i	18. 7 59. 3 CAUS	OF DEATH INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ESPIRATIRY FAILURE 55 mg					
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES	SCITES					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
101100	UNDERLYING CONDITION LAST. (C)	LTIPLE CONG. ANIMALIES					
יובר צ	II - A Paris III						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED	CALLOR OF CHARLES IN THE CALLORS OF CHARLES OF CHARLE					
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUR	PART I OR PART II YES NO (e.g., jo or 21c, WHERE DID (If in Baltimore City, give exact location)					
	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	lice bldg., etc.) INJURY OCCUR?					
		HILE					
1	22. I hereby certify that I attended the deceased from 10/15, 193, to 10/15, 193, that I last saw the						
	deceased alive on 10/15, 19. 3, and that death oc	curred at 10 A m., from the causes and on the date stated above.					
	23A. SIGNATURE A Barbin M.D.	Siran Hospital A Balt 1011-15 3					
24	A. BURIAL CREMA: 248. DATE 24C. NAME OF CEMEN, REMOVAL (Specify)	TERY OR CREMATORY 248. LOCATION (City, town, or county) (State)					
K	Etamone by hospital (1927) , with north						
Le	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ALDRESS					

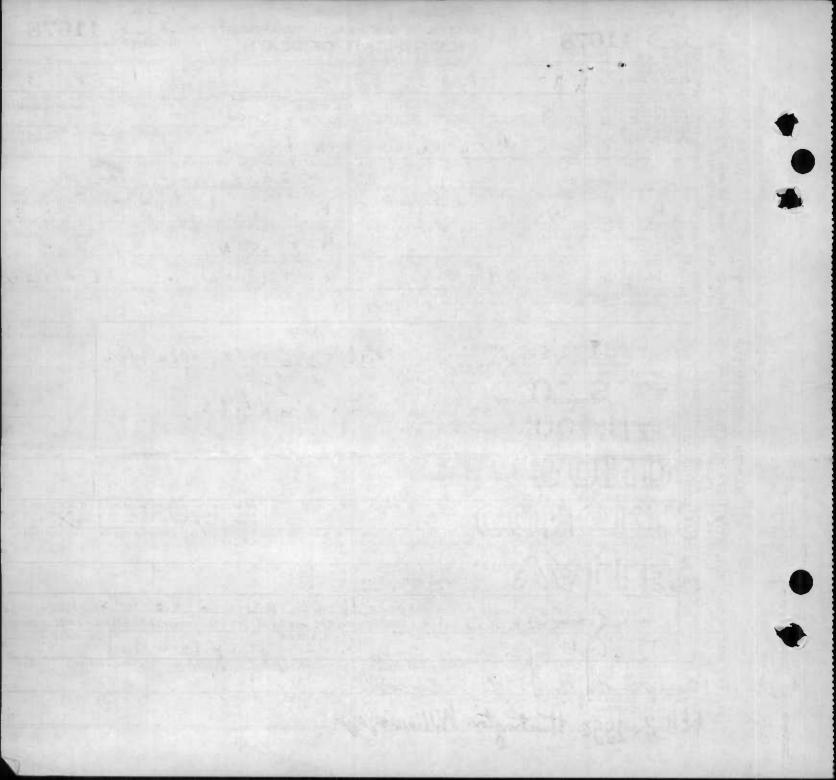
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he	R		E OF DEATH  Registered No.				
d. T	1.	NAME OF DECEASED (Sype or Print) COCICY Bahy Bo	2. DATE OF DEATH / 2 - 28-53				
pplie		PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)				
carefully supplied. egibly.	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION Siva HOSAN + OSAN +					
should be carefu arly and legibly	C.	Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) Siva Hospital 68 13 Dunbar Re				
uld be y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under 1 fear 14 Under 24 Hours Min. 12-28-53 Hours Min. 16				
	1C wor	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR kdone during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  U.S. P.				
NDING information of death cl	13	FATHER'S NAME COOLLY	Wilch a Sciders				
BINDIN of infor	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the car	FICATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	of DEATH  Lt ple Congenital  alformations				
	II  DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	1	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I DR PART II				
	MEDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NDTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY ( about home, farm, factory, street, office					
AIN		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY m. WHILE AT NOT WHI AT WORK AT WORK	ILE				
TE PL especie	22. I hereby certify that I attended the deceased from 12-28, 1953, to 12-28, 1953, that deceased alive on 12-28, 1953, and that death occurred at 1244mm, from the causes and on the dat						
RI		23A. SIGNATURE LLO N GY MM. D. 2	23B. ADDRESS War HOSpital Ball 12-28-13				
田路	10	4A. BURIAL, CREMA: 24B. DATE ON, REMOVAL (Specify) House 1/30 for despo	realby D. Kerly				
PLEAS correct	D.	ATE RECEIVED BY A REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				

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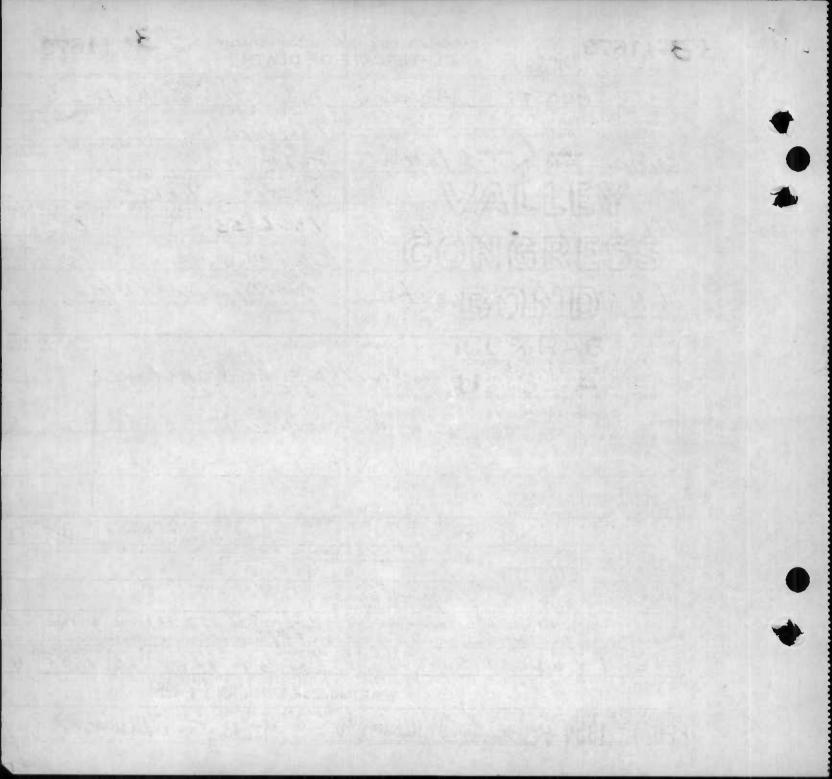




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The	81	11679 BALTIMORI RTH NO. 53.24369 CERT
supplied. T	3.	ype or Print) LACOSTE, Pier
	B. HC	SPITUTION.  (If not in hospital or institution, give st DING:    10   10   10
ld be carefu and legibly.	5.	Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SINGLE. MARRII   WIDOWED, DIVO
n should		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)
NDING information should be carefully s of death clearly and legibly.		FATHER'S NAME    Dietre   Lacos:   WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC     SEC   SEC   SEC   SEC   SEC   SEC     SEC
RVED FOR BINDING Every item of inform write the causes of des		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES
MARGIN RESERVED NFADING INK. Ever nysicians: please write	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LIDUE UNDERLYING CONDITION LAST. (C
MARGIN 1 UNFADING Physicians: 1	CERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
I.Y, WITH important.	EDICAL	19a. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING□ 21B. PLACE OF CONTRIBUTING□ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
AI V	ME	2 1D TIME (Month) (Day) (Year) (Hour) 21E. INJU OF INJURY WHILE AT WORK
WRITE PLA		22. I hereby certify that I attended the deceased deceased alive on /o -/2-, 1913, and that
5.0 1	2.	AA. BURIAL, CREMA: 248. DATE 24C. NAM
PLEASE correct a	Di	ATE RECEIVED BY REGISTRAR'S SIGNATURE

E CITY HEALTH DEPARTMENT TIFICATE OF DEATH

51	RIH NO. 77 W 1801					
1. (T.	NAME OF DECEASED LACOSTE Pierre J.	3.d. 2. DATE OF 10-12-53				
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)					
IN	DING: Hospital Balt 5	Aullerton. township				
	Yrs.	D. STREET ADDRESS (If rural give location)				
-	Length of stay in Baltimore Mos. Days	Pierre's Motel.				
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Day Hours Min.				
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME DETTY Lane Miles				
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SECURITY NO.	17. INFORMANT ADDRESS				
	100010	OF DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	tiple Hemmorphias				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	tiple Hemmorahages				
Z	ANTECEDENT CAUSES	emoturity				
01	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LIDUE TO					
CA	UNDERLYING CONDITION LAST. (C)					
RTIF	II .					
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN				
CA	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (	PART I OR PART II YES NO (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)				
MEDIC	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	bldg.,etc.) INJURY OCCUR?				
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY NOT WHILE AT NOT WHILE	ILE T				
	m.   work   AT WOR					
22. I hereby certify that I attended the deceased from 10 - 12, 1953 to 10 - 12, 1953 that I last saw the deceased alive on 10 - 12, 1953, and that death occurred at 1.39m., from the eauses and on the date stated above.						
		238 ADDRESS . / 23c. DATE SIGNED				
	& I. Schiffer, M.D. M.O.	211141 Hospital 1-28-54				
TI	NA. BURIAL, CREMA- 24 DATE 24C. NAME OF CEMETE	NAS MEDIAL SCHOOL JAN 29, 1954 (State)				
D	THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR  Williams Address				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3010 supplied. GORDON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A.STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or If outside corporate limits, write BURAL and give C. CITY OR TOWN carefully INSTITUTION / legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs should be 9. AGE (In years If Under I Year I Under 24 Hours Ain.

Months Days Hours Min. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH infant day 10A. USUAL OCCUPATION (Givekindof) 10B. KUND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information is of death cle 20 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS SECURITY NO. causes Jo INTERVAL BETWEEN Every item write the cau CAUSE OF DEATH 56.2 FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OA RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY7 IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN WITH NO F important. PART I OR PART II 218. PLACE OF INJURY (e.g., in or U 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF ahout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE especially AT WORK WORK that I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on 11-14, 1953, and that death occurred at 7:00 RITE Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1-19-5 1 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D, LOCATION (City, town, or county) SE correct PLEA DATE RECEIVED BY 1 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150

11-14-5-9 BOLDEN COKDON T property defect 7 dye 901 Il. Exarga st Apth. 11-1-53 7 days mac dance infant Ferite, Mid Elan .. Buylow Congenital Aturn of the him prompre 85 - M-11 ES -711-11 11-14 53 the wind the sent the first of the

3 11681

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11681

9 81	11681 RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	11097		
	NAME OF DECEASED ype or Print)	m moure		2. DATE	23 1052		
.	JOHN PLACE OF DEATH:	T. HUGHES	4. USUAL RESIDENCE (W	DEATH Decemb	er 31, 1953		
ild.	Baltimore City, Maryland		A. STATE Maryland	B. COUNTY	before admission)		
HC HC	FULL NAME OF (If not in hospital or institut OSPITAL OR	ion, give street address or location)		outside corporate limits, wi	rite RURAL and give		
II.	STITUTION Union Memorial Hos	pital	Baltimore	1=3 1	township)		
and legibly.	0412011 110204 2000 2000	Yrs.	P. TREET APPRIES (II		THE PARTY OF THE P		
car egil	Length of stay in Baltimore	Mos. Days	Found: Near Cedar Avehue Bricge				
5.	WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   H Under last birthday) Months	Days Hours Min.		
	Male   White  A. USUATTOCCUPATION (Givekinder) 108. KIND	OF BUSINESS OF	U	50			
work  13.	done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. FIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?		
_	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
	N		0				
15. (Yes,	. WAS DECEASED OVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS		
	in i				INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e	Arterio	sclerotic cardiova	ascular disease			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
	ANTECEDENT CAUSES						
7	DISEASES OR CONDITIONS, IF ANY, GIVIN	***************************************	***************************************				
NOIT	RISE TO THE ABOVE CAUSE (A) STATING TI UNDERLYING CONDITION LAST.						
4	ONDERETING CONDITION EXST.	(C)	***************************************				
IF.	OTHER SIGNIFICANT CONDITIONS CON-						
22	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE	D					
CE.	19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
7	The state of the s				YES X NO		
EDICAL		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, give	exact location)		
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?			
	OF INJURY m.	WORK NOT WHILE					
	22. I certify that I took charge of the	remains described a	0000, 10000 010	al Autopsy ti	hereon and from		
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,						
-	and death in my opinion resulted f	rom: <u>natural causes</u>					
	Illean Ilmonth	M	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	EXAMINER	29, 1954		
24 TIO	A. BURIAL, CREMA- N, REMOVAL (Specify)		RY OR CREMATORY 240. LC				
DA	TE RECEIVED BY REGISTRAR'S SIGNATU	RE	25 FUNERAL DIRECTOR	AD.	DRESS		
F	CAL REGISTRAR B 1 (1954	Williams, A	of a structuration	in Williams	46.37		
VS	\$ 151				1		

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